

Name  
in  
Full

## CERTIFICATE OF DEATH

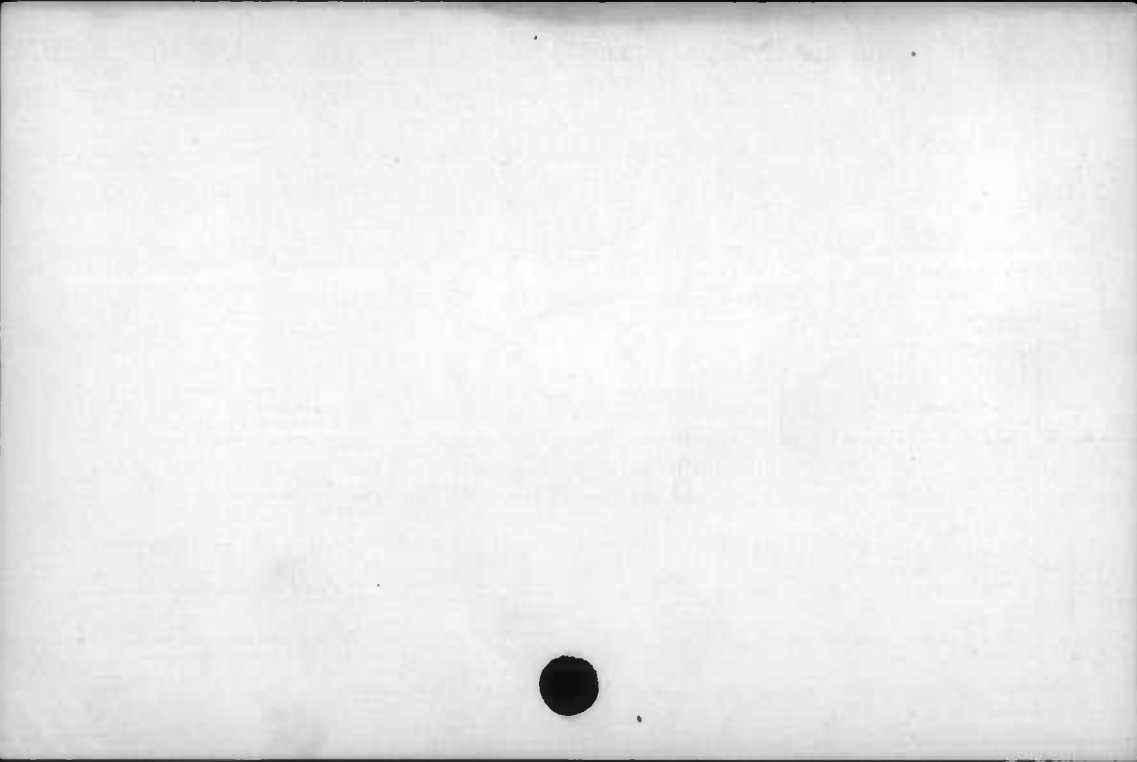
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Olive Elizabeth Ahalt</i>		Town <i>Middletown</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Middletown</i>		Date of death <i>1960 Feb 20</i>		Age <i>—</i>		Months <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Days <i>14</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Clarence L Ahalt</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Lola E Brachley</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>C L Ahalt</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>		How long <i>3 wk</i>	
Immediate <i>myocardial infarction</i>		How long <i>18 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E L Beckley</i>	
		Address <i>Middletown</i>	
Accident or Suicide? <i>Ind</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

William Elias Allen

Died at *Petersville* TownCounty *Durham*

MARYLAND

Date  
of death *1900*Month *2*Day *19*Age *72* Years

Months

Days

Sex *Male*Color or  
Race *Colored*Birth-  
place *Maryland*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed *Married*Name of Wife or  
Husband *Annastasia Allen*Father's  
Name *Asen Allen*Father's  
Birthplace *Maryland*Mother's  
Maiden Name *Annastasia Fletcher*Mother's  
Birthplace *Maryland*Name of person giving  
In formation *Theresa E. Allen*How related  
to deceased *Sister*

## CAUSES OF DEATH

66 ✓

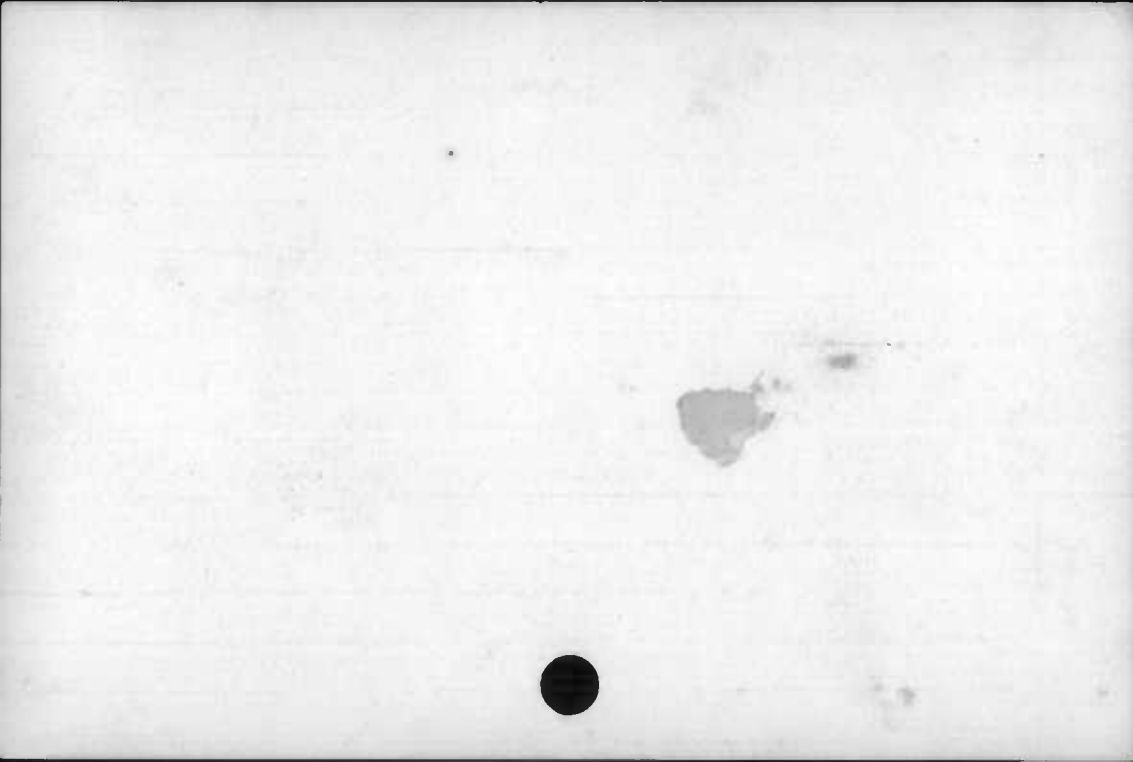
PHYSICIAN  
OR CORONERPrimary *Paralysis*How long *Two months*

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of  
Physician *Samuel Claggett*Address *Petersville Md*

Accident or Suicide?



Name  
in Full

CERTIFICATE OF DEATH

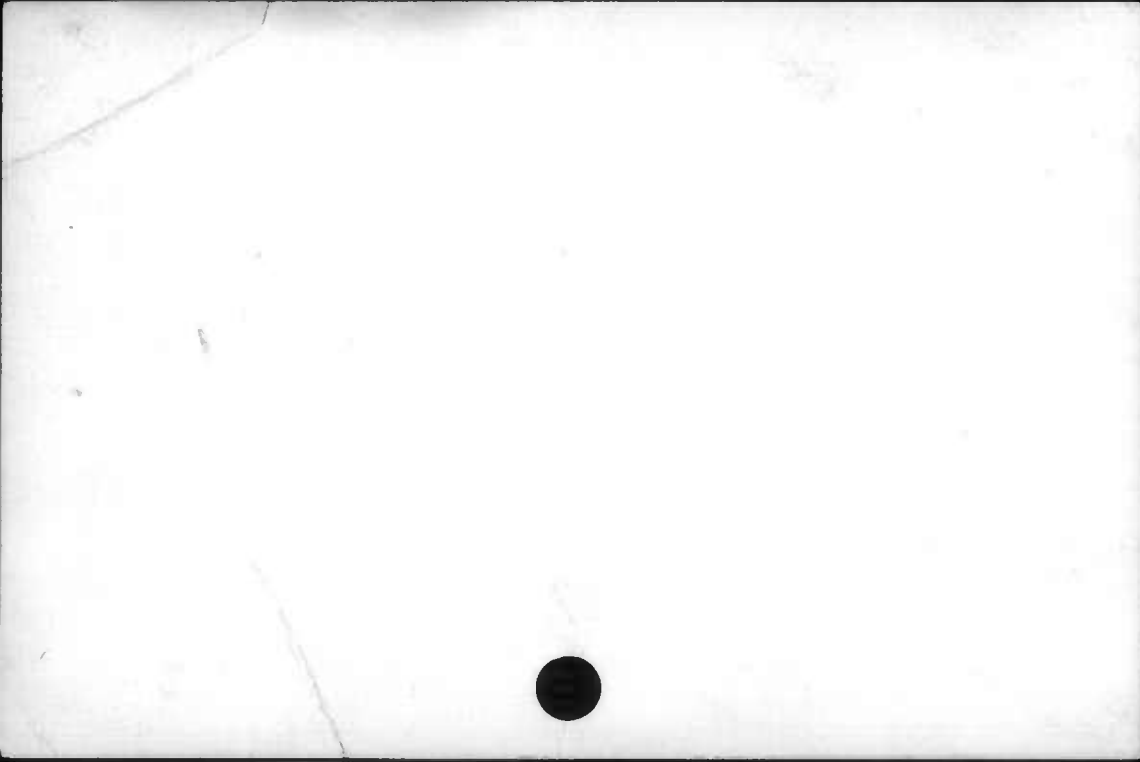
TO BE ANSWERED BY  
NEAREST FRIEND

*James Abram Andes*  
 Year *1940* Town *Woodsbrow* County *Piedmont Co*  
 Died at *Woodsbrow* MARYLAND  
 Date of death *1940 Feb 8* Age *71* Months *5* Days *3*  
 Sex *Male* Color or Race *White* Birth-place *Woodsbrow Md*  
 Occupation *Laborer* Where Residing if not at place of death *Same place*  
~~Married, Single~~ *Single* Name of Wife or Husband *none*  
 Father's Name *George Andes* Father's Birthplace *Near Woodsbrow*  
 Mother's Maiden Name *Annie Clantz* Mother's Birthplace *Woodsbrow Md*  
 Name of person giving Information *Annie M. Stutz* How related to deceased *Sister*

CAUSES OF DEATH

*Found Dead in bed*  
 Primary *Heart Failure* *Valvular Insufficiency* How long *Since I knew Patient - Several yrs.*  
 Immediate *yes* Are the name, age, sex, color, date and place correctly given above?  
 Signature of Physician *C. A. Stutz* Address *Woodsbrow Md*  
 Accident or Suicide *none*

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

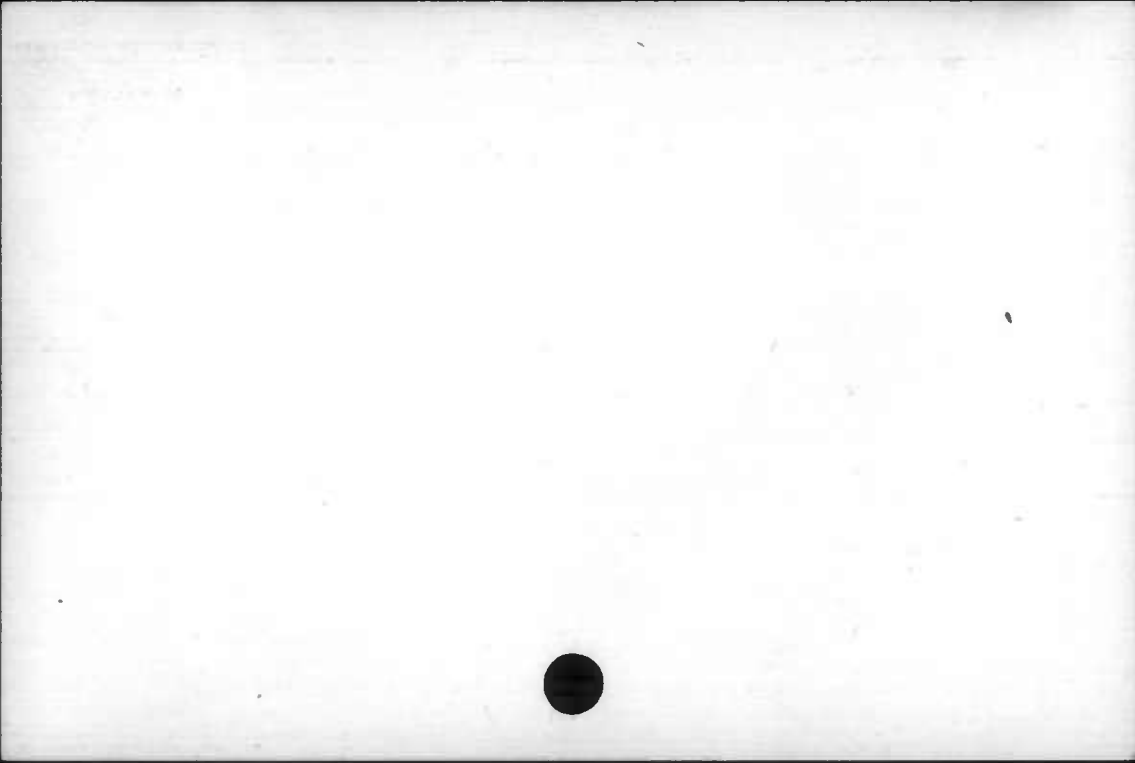
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Calvin B. Anders</i>		Town <i>Clensonsville</i>		County <i>Frederick</i>		MARYLAND					
Died at <i>Clensonsville</i>		Month <i>Feb</i>		Day <i>7</i>		Years <i>59</i>		Months <i>11</i>		Days <i>21</i>	
Date of death <i>1960</i>		Age <i>59</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Frederick Co</i>		Occupation <i>Farmer</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Anders</i>		Fether's Name <i>Aaron Anders</i>		Fether's Birthplace <i>Don't know</i>		Mother's Maiden Name <i>Mary Ann <del>Tind</del> Stoner</i>		Mother's Birthplace <i>Frederick Co</i>	
Names of person giving Information <i>Aaron Anders</i>		How related to deceased <i>Son</i>		Where Residing if not at place of death <i>—</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Aprophely</i>	How long	<i>64</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J H Legg MD</i>	
Accident or Suicide <i>no</i>		Address <i>Union Bridge, md</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

Mary Ann Mathews  
 Town Sherrmont County Bridgetown

MARYLAND

Died at Sherrmont  
 Date of death 1940 Month Feb Day 25 Age 79 Years Months 3 Days 18

Sex Female Color or Race White Birth-place Maryland

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband Gas Baltzell

Father's Name Eli Baltzell Father's Birthplace Ind

Mother's Maiden Name Malinda Seacrest Mother's Birthplace Ind

Name of person giving information Wm Baltzell How related to deceased Son

## CAUSES OF DEATH

43

Primary Cancer of breast How long 1 year  
 Immediate Fracture of femur How long 9 weeks

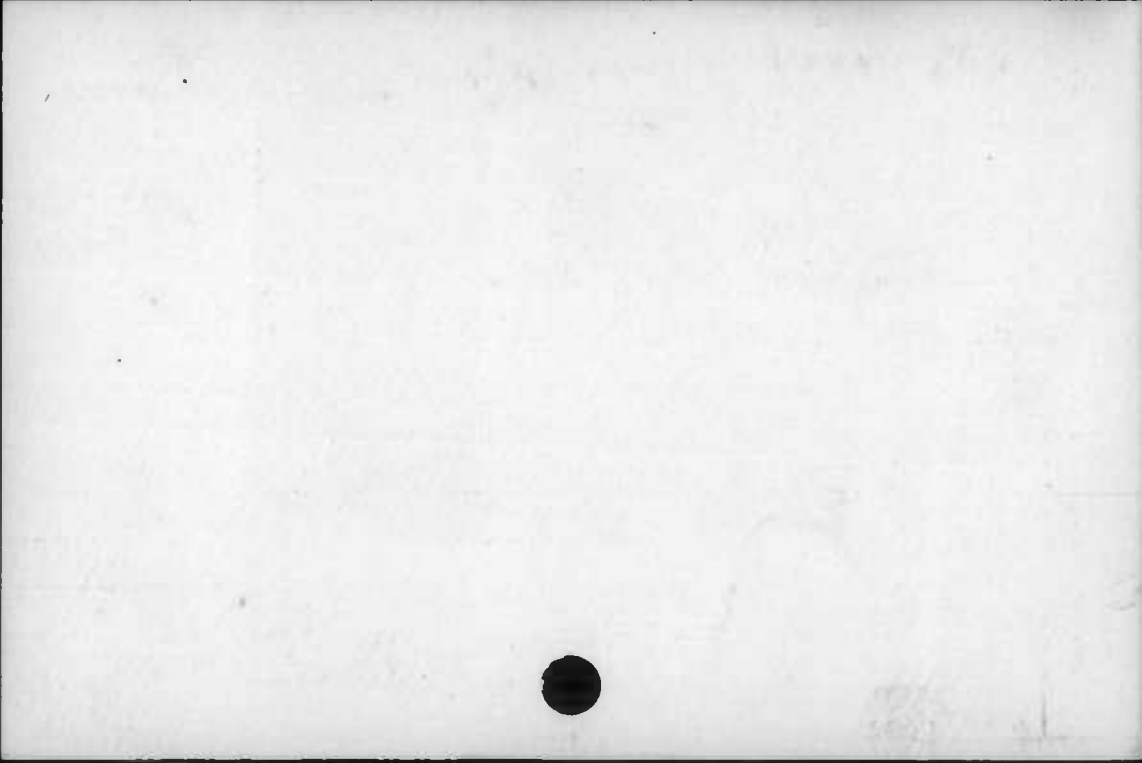
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. C. Kefauver

Address Sherrmont Ind.

Accident or Suicide? ✓

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Beachley Mollie

## CERTIFICATE OF DEATH

Died at <i>Frederick</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1900</i>	Month <i>2</i>	Day <i>16</i>	Age <i>31</i>	Months <i>4</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>American</i>	Birth-place <i>Washington Colls</i>			
Occupation <i>Farm wife</i>	Where Residing if not at place of death <i>Bunkittsville MS.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elmer Beachley</i>				
Father's Name <i>Joseph Gordon</i>	Father's Birthplace <i>Kap. Co. Va</i>				
Mother's Maiden Name <i>Margaret Fouth</i>	Mother's Birthplace <i>Was 40</i>				
Name of person giving Information <i>Mrs. May Ford</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

How long

*7 days.*

How long

*2 days.*

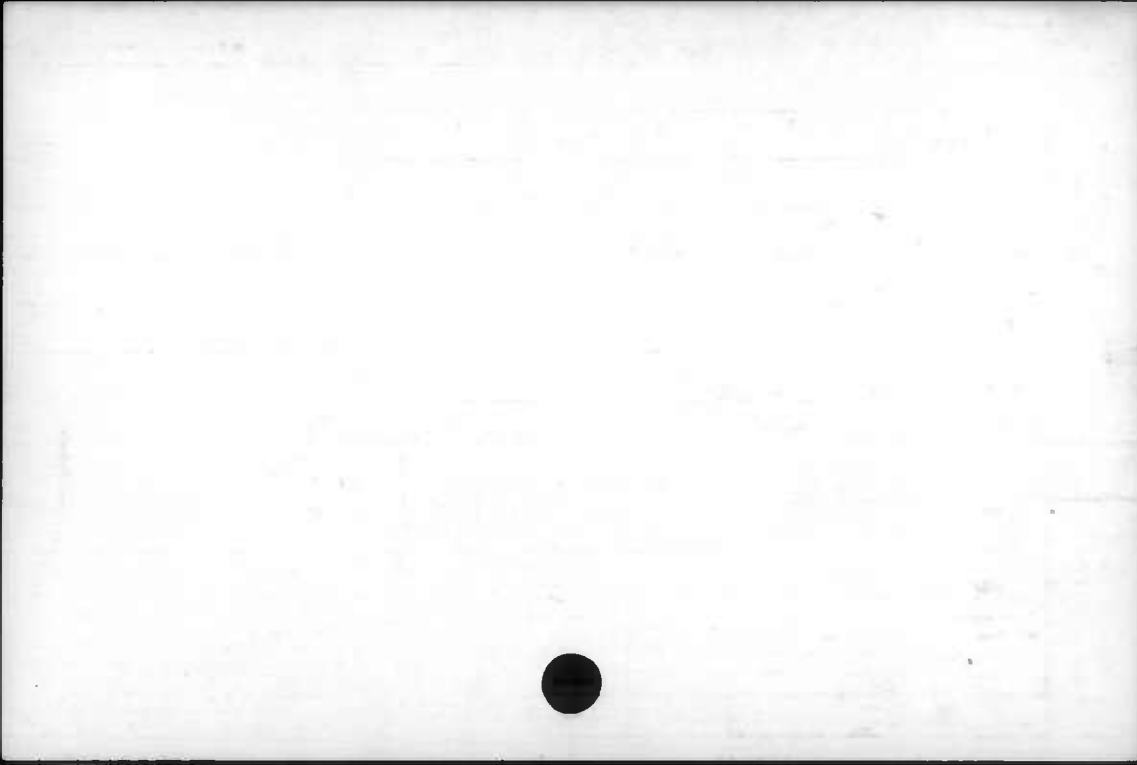
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Henry P. Fabney M.D.*  
*Frederick MS*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Isaac Bealy*

Died at *Emmitsburg* Town *Frederick* County

Date of death *1940* Month *2* Day *20* Age *80* Years Months *—* Days *—*

Sex *Male* Color or Race *Negro* Birth-place *MD*

Occupation *Labrador* Where Residing if not at place of death *—*

Married, Single or Widowed *Widower* Name of Wife or Husband *—*

Father's Name *Abram Bealy* Father's Birthplace *MD*

Mother's Maiden Name *Not known* Mother's Birthplace *—*

Name of person giving information *Henry Stokes* How related to deceased *None*

## CAUSES OF DEATH

64 ✓

PHYSICIAN  
OR CORONER

Primary *Arterio - Sclerosis* How long *30+ years.*

Immediate *Cerebral hemorrhage* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *B. J. Jamison*

Address *Emmitsburg*

Accident or Suicide? *no*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Emmitsburg</i>		Town		County <i>Frederick</i>		State <i>MARYLAND</i>	
Date of death <i>1910</i>	Month <i>2</i>	Day <i>5</i>	Age <i>78</i>	Years	Months <i>5</i>	Days <i>25</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>		Where Residing if not at place of death			
Occupation <i>Miller</i>							
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Isabelle Bell</i>						
Father's Name <i>William Bell</i>	Father's Birthplace <i>MD</i>						
Mother's Maiden Name <i>Sophia Epler</i>	Mother's Birthplace <i>MD</i>						
Name of person giving Information <i>Margaret Bell</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

Primary <i>Hydatid Cyst of Spleen</i>	How long <i>6 Months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. W. S. Stone</i>
<i>Yes</i>	Address <i>Emmitsburg MD</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Austin Perrell Bownings*  
 Died at *Adamstown* <sup>Town</sup> *Frederick* <sup>County</sup>

MARYLAND

Date of death *1900* <sup>Month</sup> *Feb.* <sup>Day</sup> *16* <sup>Years</sup> *6* <sup>Months</sup> *23* <sup>Days</sup>

Sex *male* Color or Race *White* Birth-place *Maryland.*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

~~Married, Single or Widowed~~ *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Benjamin Bownings* Father's Birthplace *Adamstown, Md.*

Mother's Maiden Name *Bessie Perrell* Mother's Birthplace *Park Mills, Md.*

Name of person giving information *Benjamin Bownings* How related to deceased *Father.*

## CAUSES OF DEATH

119 ✓

Primary *Marasmus* How long *6 months*

Immediate *acute nephritis.* How long *10 days.*

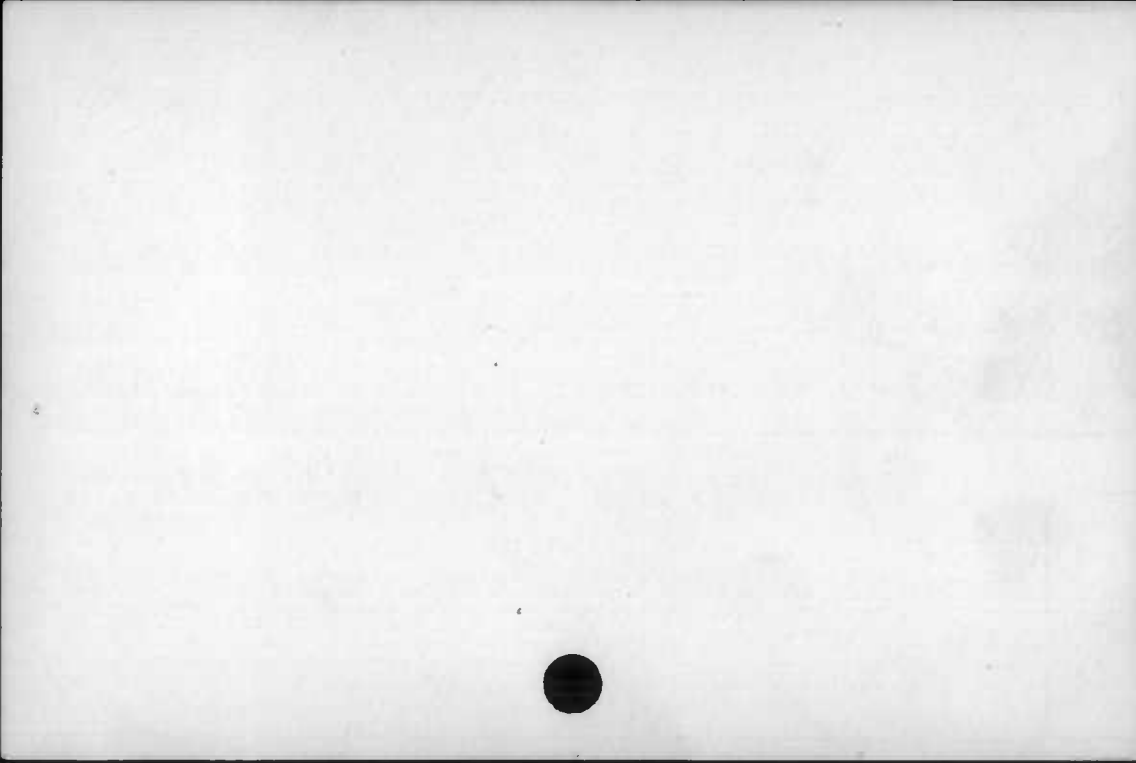
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Joseph Thomas,*  
*Adamstown,*  
*Md.*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Joseph B Brown*

Town *Deerfield* County *Frederick* MARYLAND

Died at *Deerfield*

Date of death 19*80* Month *2* Day *28* Age *79* Months *6* Days *27*

Sex *Male* Color or Race *white* Birth-place *Md*

Occupation *Retired* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband *Liana Brown*

Father's Name *Jeremiah Brown* Father's Birthplace *Md*

Mother's Maiden Name *Mary Slaut* Mother's Birthplace *"*

Name of person giving Information *Chas H Brown* How related to deceased *Son*

CAUSES OF DEATH

**63**

PHYSICIAN  
OR CORONER

Primary *Ascending Paralysis of Aged* How long *2 yrs -*

Immediate *Exhaustion* How long *1 mo*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *Morris L. Phil* Address *Thurmont Md.*

Accident or Suicide \_\_\_\_\_



Name  
in  
Full

Margaret Mary Brummer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town *Fredenick* County *Fredenick* **MARYLAND**

Date of death *1907* Month *Feb* Day *15* Age *92* Months *2* Days *7*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Housekeeper* Where Residing if not at place of death *—*

~~Married, Single~~ ~~& Widowed~~ Name of ~~Wife or~~ Husband *Valentine S. Brummer*

Father's Name *Philip Pyfer* Father's Birthplace *Md*

Mother's Maiden Name *Rachel Brangle* Mother's Birthplace *Md*

Name of person giving Information *Miss Jenny Brummer* How related to deceased *Daughter*

## CAUSES OF DEATH

79

V

PHYSICIAN  
OR CORONER

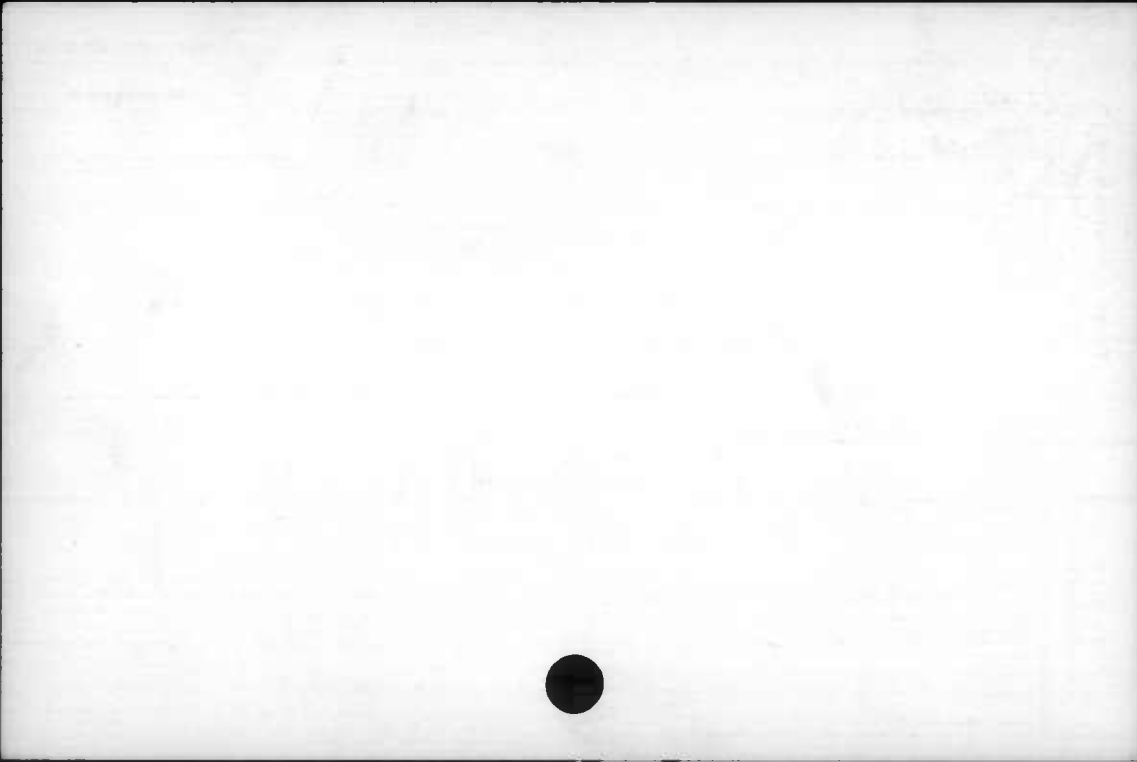
Primary *Cardiac Arthema* How long *several weeks*

Immediate *Exhaustion* How long *minutes*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. H. Crawford*

Address *Fredenick Md*

Accident or Suicide *no other*



Name  
in  
Full

Ralph Randolph Brunner

CERTIFICATE OF DEATH

Disd at <sup>Town</sup> Mountain Hospital <sup>County</sup> Frederick MARYLAND

Date of death 1980 <sup>Month</sup> Feb <sup>Day</sup> 8 Age <sup>Years</sup> 1 <sup>Months</sup> <sup>Days</sup>

Sex Male Color or Race Colored Birth-place Md

Occupation \_\_\_\_\_ Where Residing if not at place of death Same

Marrisd, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Charles Brunner Father's Birthplace Burkittsville, Md

Mother's Maiden Name Elsie Graham Mother's Birthplace " " "

Names of person giving Information Nurse - (Alice Davis) How related to deceased No relation

CAUSES OF DEATH

71

Primary Convulsions How long Several hrs

Immediate Dr. Lawton How long " "

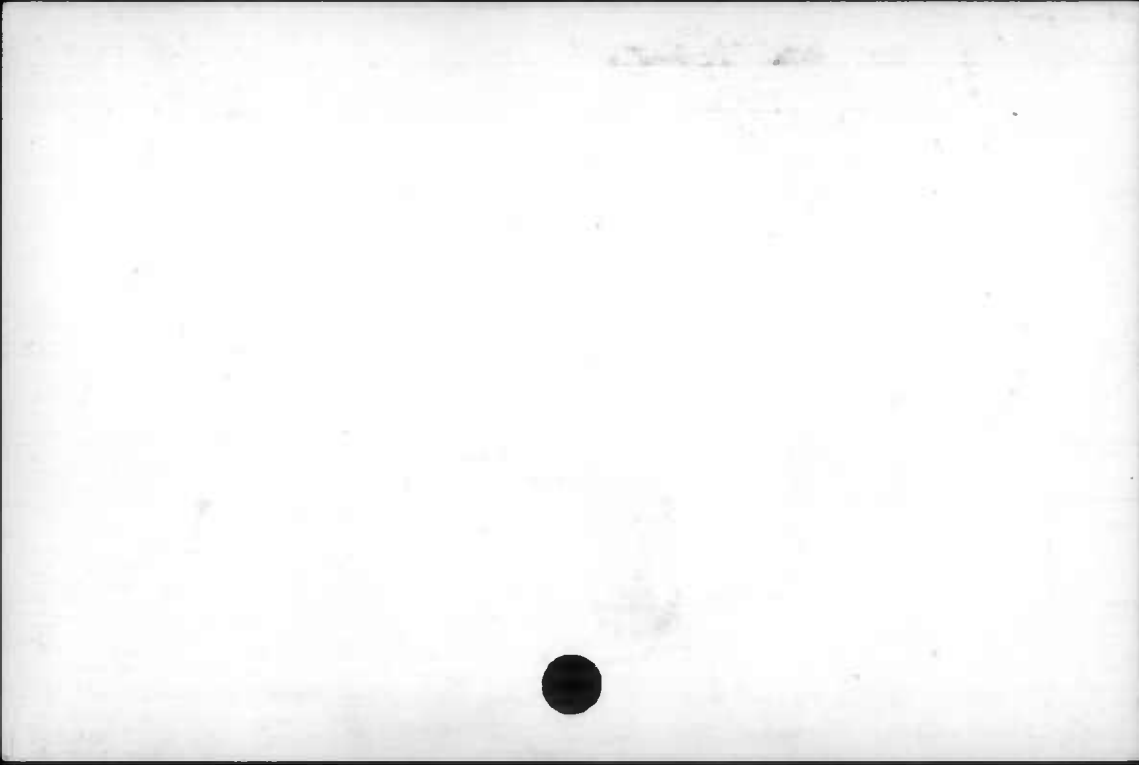
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician M. G. Boone Md

Address Frederick Md

Accident or Suicide \_\_\_\_\_

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Albert W. Burkhardt

CERTIFICATE OF DEATH

Town

County

Died at Yellow Springs Fredericks

MARYLAND

Date

of death 1960

Month

2

Day

21

Age

Years

82

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Fredt Co Md

Occupation

Farmer

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Charles Burkhardt

Father's  
Birthplace

Fredt Co Md

Mother's  
Maiden Name

Elizabeth Neighbors

Mother's  
Birthplace

Mont Co Md

Name of person giving  
Information

Elizabeth Zimmerman

How related  
to deceased

Cousin

CAUSES OF DEATH

Primary

Senility

How long

64

Immediate

Cerebral Hemorrhage

How long

4-8 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

F. H. Hedger  
Fredericks

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Interment Feb 24 . 1910

" at Mt Olivet Cemetery.

Thomas P. Rice F. D.

Dr Hedges

Dr Goodell

Dr McCurdy.

Name  
in  
Full

Shipper Caledonia Carson  
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at Brownsville Frederick  
Date of death 1900 Feb 28 Age 19 Months X Days +

Sex Female Color or Race Calond Birthplace Md  
Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Husband Harry K. Carson

Father's Name Geo Diggs Father's Birthplace Md

Mother's Maiden Name Anna Speaks Mother's Birthplace Md

Name of person giving Information Harry K. Carson How related to deceased Husband

CAUSES OF DEATH

Primary Acute Septicemia ? How long ?

Immediate Uremia ? How long ?

Are the name, age, sex, color, date and place correctly given above?

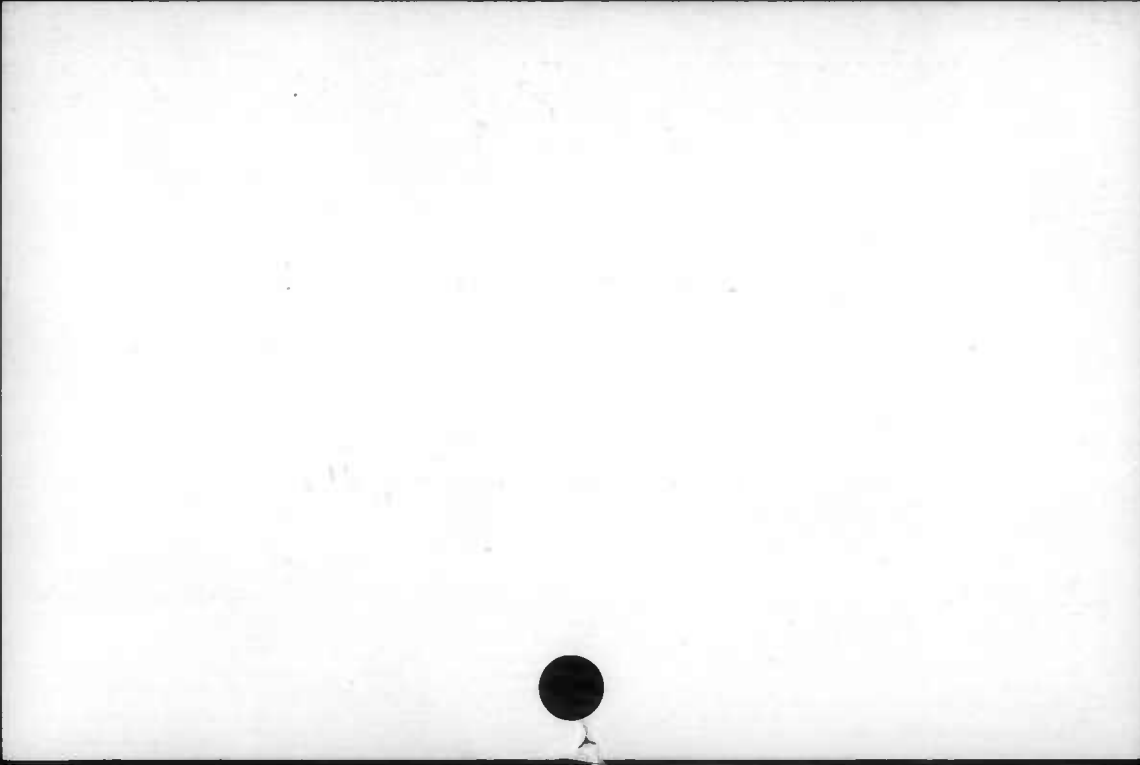
Signature of Physician Dr. J. M. Conner Address Conner's Physician

Saw body after death.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

WM A. Clipp

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *New Brunswick* <sup>County</sup> *Fredrick* **MARYLAND**

Date of death 19*40* <sup>Month</sup> *Feb* <sup>Day</sup> *15* <sup>Years</sup> *40* <sup>Months</sup> *2* <sup>Days</sup> *13*

Sex *Male* Color or Race *White* Birth-place *W. Va*

Occupation *Farmer* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Frances Clipp*

Father's Name *Wm Clipp* Father's Birthplace *W Va*

Mother's Maiden Name *Sarah Clipp* Mother's Birthplace *W Va*

Name of person giving Information *Frances Clipp* How related to deceased *Wife*

## CAUSES OF DEATH

27 ✓

PHYSICIAN  
OR CORONER

Primary *Tuberculosis of Lungs* How long *1 Year*

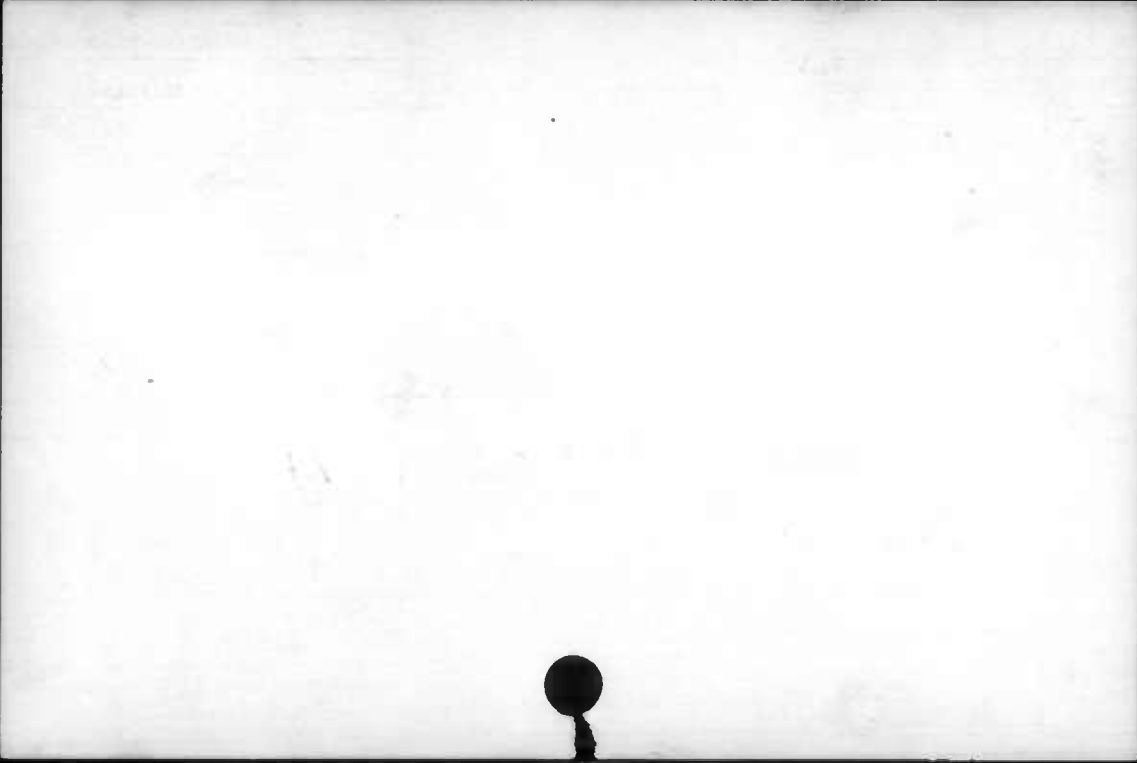
Immediate *Exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. J. Hedger M.D.*

Address *Brunswick Md*

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

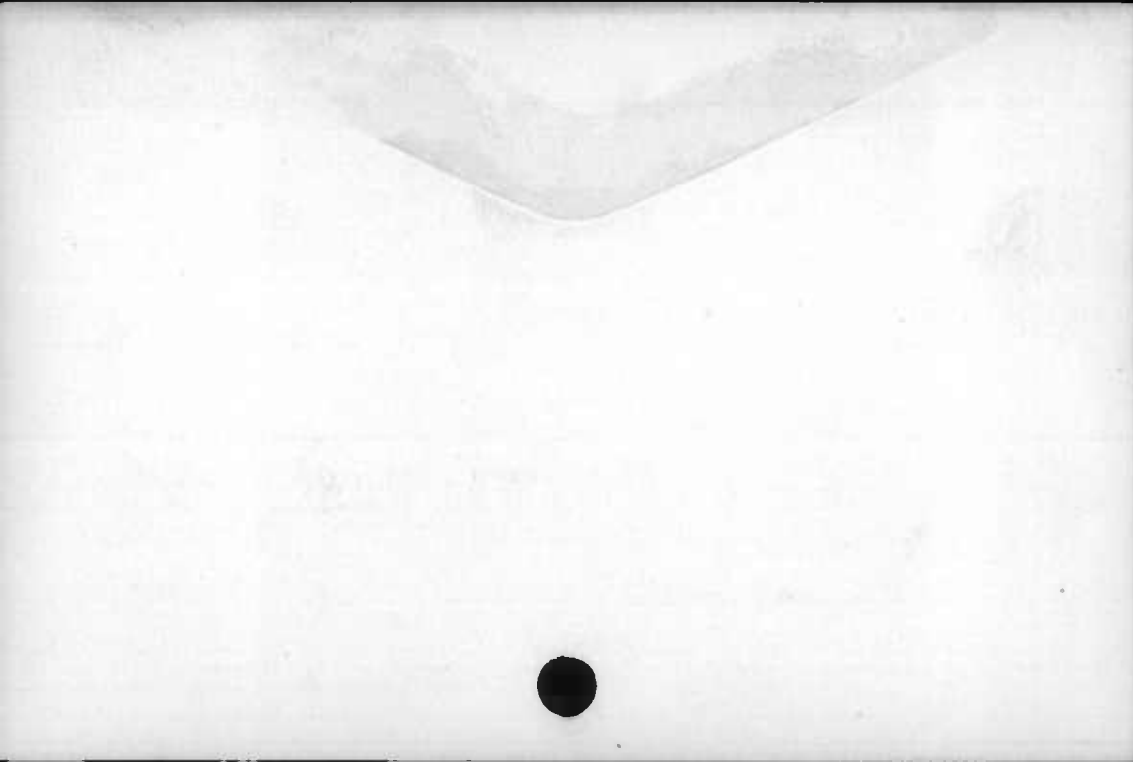
Died at *Middletown* <sup>Town</sup> *Frederick* <sup>County</sup>  
 Date of death *1900* <sup>Month</sup> *Feb* <sup>Day</sup> *28* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *—*  
 Sex *Male* Color or Race *White* Birth-place *—*  
 Occupation *—* Where Residing if not at place of death *—*

~~Married~~ Single or Widowed *—* Name of Wife or Husband *—*  
 Father's Name *Emory L Coblentz* Father's Birthplace *Ind*  
 Mother's Maiden Name *Mary Kefauver* Mother's Birthplace *Ind*  
 Name of person giving information *Emory Coblentz* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Placental Hemorrhage* How long *3 hrs*  
 Immediate *Premature Birth* How long *2 1/2 mo*  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *E L Beckley*  
 Address *Middletown*  
 Accident or Suicide? *Ind*





Name  
in  
Full

Dellanter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wolfsville</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 19 <i>80</i>	Month <i>2</i>	Day <i>12</i>	Age <i>4</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>near Wolfsville</i> <sup>State</sup>		
Married, Single or Widowed <i>Single</i>			Occupation <i></i>		
Name of Wife or Husband <i></i>					
Father's Name <i>Simon Dellanter</i>			Father's Birthplace <i>Middlepoint Md</i>		
Mother's Maiden Name <i>Ella Heimes</i>			Mother's Birthplace <i>Wolfsville Md</i>		
Name of person giving information <i>James A. Brown</i>			How related to deceased <i>no Relation</i>		

## CAUSES OF DEATH

189

PHYSICIAN  
OR CORONER

Primary <i>Improper Hygiene</i>	How long <i>10 days</i>
Immediate <i>Marasmus</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. W. Davidson</i>
	Address <i>Wolfsville Md</i>
Accident or Suicide?	



Name  
in  
Full

Rose Devlin

CERTIFICATE OF DEATH

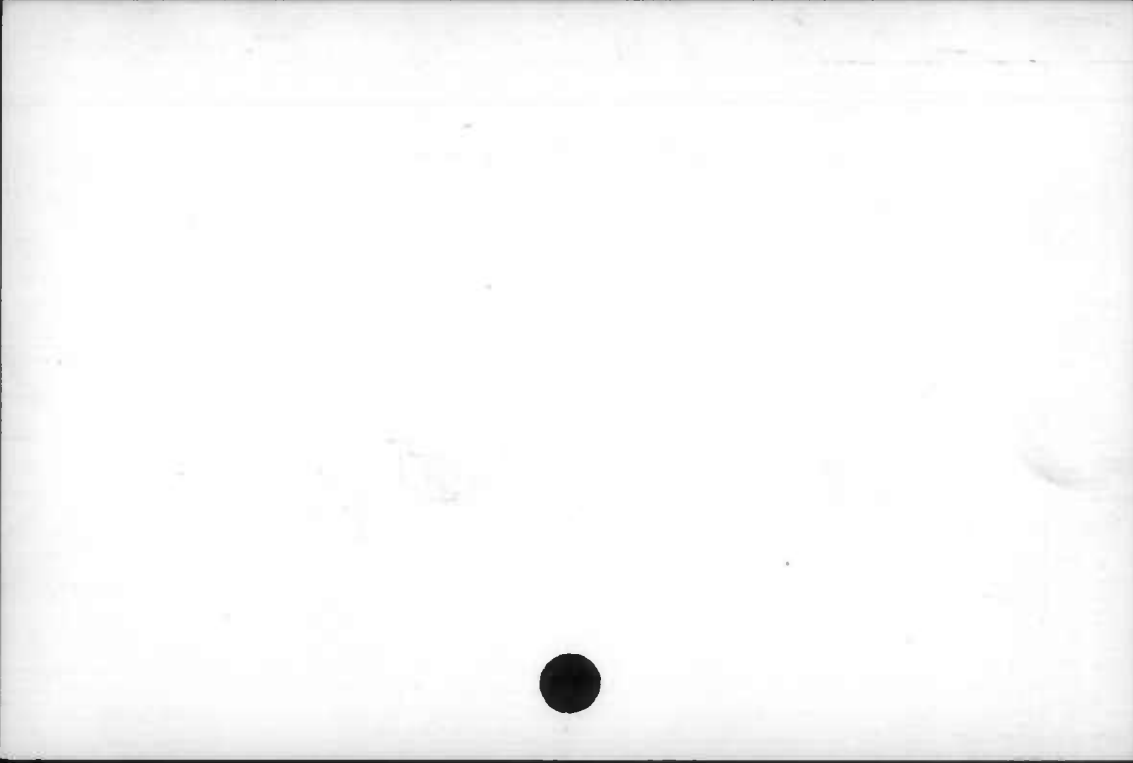
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Emmitsburg <sup>County</sup> Frederick **MARYLAND**  
 Date of death 1900 Feb - 5th Age 84 Months 1 Days 1  
 Sex Female Color or Race White Birth-place Ireland  
 Occupation Sister of Charity - Religious Where Residing if not at place of death  
 Married, Single or Widowed Single Name of Wife or Husband  
 Father's Name William Devlin Father's Birthplace unknown  
 Mother's Maiden Name Mary McDowell Mother's Birthplace "  
 Name of person giving Information Dr. Bernard Orendorff How related to deceased none

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Chronic Gastritis and Asthma How long 3 1/2 years  
 Immediate Heart Failure How long Immediate  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician John B. Brown  
 Address Emmitsburg  
 Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Charlotte Wolff Doll.*  
Town *Frederick* County *Frederick* MARYLAND  
Died at  
Date of death 19*40* Month *2* Day *7* Age *75* Years Months *9* Days *17*  
Sex *Female* Color or Race *White* Birth-place *W. Va.*  
Occupation *Maid* Where Residing if not at place of death *Same*  
Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_  
Father's Name *Daniel H. Doll.* Father's Birthplace *W. Va*  
Mother's Maiden Name *Catherine E. Wolff.* Mother's Birthplace *" "*  
Name of person giving Information *Mrs. E. R. Eschbach* How related to deceased *Sister*

## CAUSES OF DEATH

PHYSICIAN  
OR CORNER

Primary *Senile Debility* How long *2 Weeks*  
Immediate *Exhaustion* How long *24 hours*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. H. McCombs*  
Address *Frederick Md*  
Accident or Suicide *---*

Interment Feb 10 - 10

" at Martinsburg W. Va

Thomas P. Rice F. & O.

Dr McComas

Dr McCurdy

Name  
in  
Full

CERTIFICATE OF DEATH

*John Eisenhauer*  
Town County

MARYLAND

Died at *Home*

Date of death 19*10* Feb *25*  
Month Day

Age *71*  
Years

Months

Days

Sex *Male*

Color or Race *White*

Birth-  
place

Occupation

Where Residing if not  
at place of death

*Bavaria Germany*

Married, Single  
or Widowed

*Married*

Name of Wife or  
Husband

*Margaret Eisenhauer*

Father's  
Name

*John Eisenhauer*

Father's  
Birthplace

*Bavaria Germany*

Mother's  
Maiden Name

*Catherine Engle*

Mother's  
Birthplace

*" "*

Name of person giving  
Information

*Daughter*

How related  
to deceased

CAUSES OF DEATH

*79*

Primary

*Chronic Myocarditis*

How long

*2 years*

Immediate

*Paralysis*

How long

*7 hours*

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

*Wm M. Smith*

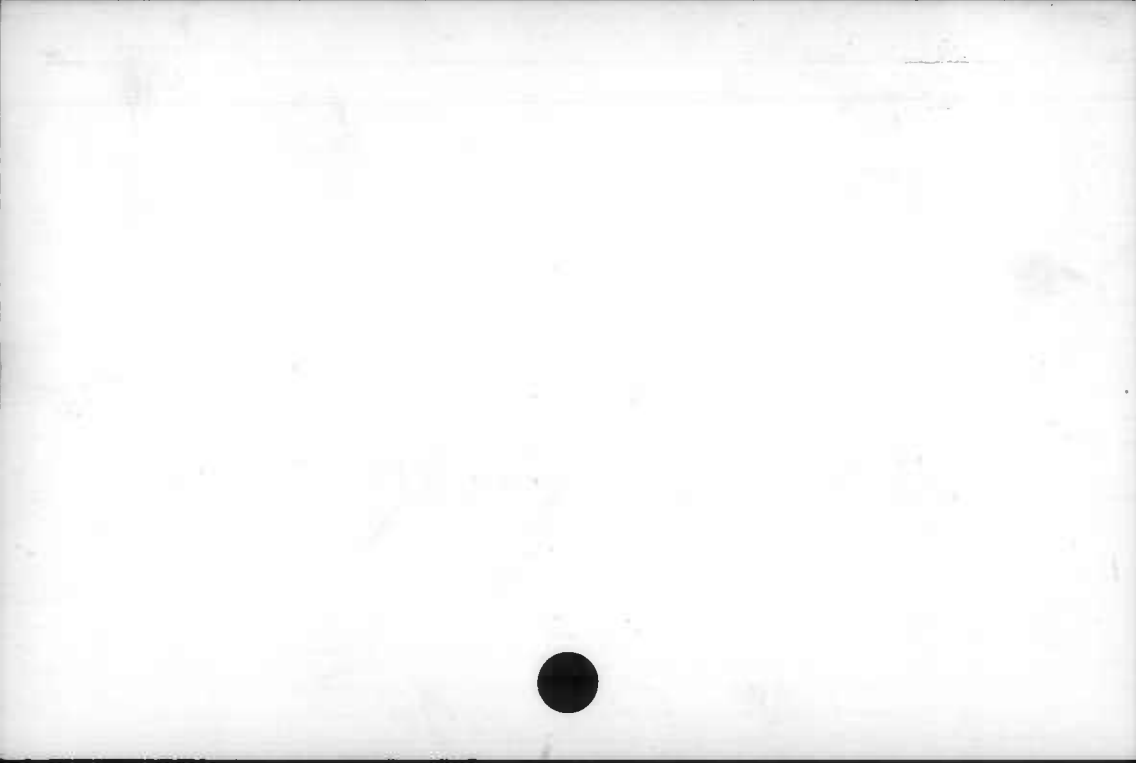
Address

*Frederick, Md*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at Beaver Dam Frederick County  
 Date of death 1991 Month Feb. Day 15 Age one Months nine Days nine  
 Sex Female Color or Race White Birth-place Carroll Co  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_  
 Father's Name L. B. Eyler Father's Birthplace Frederick Co  
 Mother's Maiden Name Maggie F. Wecht Mother's Birthplace Frederick Co  
 Name of person giving Information C. B. Eyler How related to deceased Father

## CAUSES OF DEATH

Primary Pneumonia How long 6 days  
 Immediate Cardiac Asthenia How long \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. H. Legg  
 Address Union Bridge, Md  
 Accident or Suicidal No



Name  
in  
Full

Caroline Margant Fox

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Indriick</i>		Town <i>Indriick</i>		County <i>Indriick</i>	
Date of death <i>1900</i>	Month <i>2</i>	Day <i>12</i>	Age <i>64</i>	Months <i>10</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Earnest &amp; A C Fox</i>			
Father's Name <i>John C Bable</i>				Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Annie Christine</i>				Mother's Birthplace <i>"</i>	
Name of person giving information <i>Henry K to Fox</i>				How related to deceased <i>Son</i>	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Chronic Brights - Cardiac Asthma</i>	How long <i>2 yrs</i>
Immediate <i>Paralysis of Heart</i>	How long <i>Instant</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. Groves, M.D.</i>
	Address <i>Indriick, Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Lena Ann Fox

## CERTIFICATE OF DEATH

Died at <i>near Ladysburg</i>		Town <i>Ladysburg</i>		County <i>Fredrick</i>		MARYLAND	
Date of death <i>1980</i>		Month <i>2</i>	Day <i>22</i>	Age <i>67</i>	Years	Months <i>3</i>	Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fred Co.</i>				
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>near Ladysburg.</i>					
Married, <del>Single</del> <del>or Widowed</del>		Name of Wife or Husband <i>Ephraim Fox.</i>					
Father's Name <i>Cornelius Ridge E.</i>				Father's Birthplace <i>Fred Co.</i>			
Mother's Maiden Name <i>Margt. Snook.</i>				Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Mrs. Michael Lati.</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

29

How long

How long

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or SuicideTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Amelia Matilda Geisey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Johnsville</i> <sup>Town</sup>		<i>Fredricks</i> <sup>County</sup>		MARYLAND	
Date of death <i>1900</i>	Month <i>Feb.</i>	Day <i>1</i>	Age <i>83</i>	Months <i>5</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of <del>Wife or</del> Husband <i>John Thomas Geisey</i>			
Father's Name <i>Michael Stull</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Hannah Elizabeth Hedges</i>			Mother's Birthplace <i>England</i>		
Name of person giving information <i>Eliro H. Remsburg</i>			How related to deceased <i>Son in law</i>		

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of breast</i>	How long <i>8 or 10 yrs</i>
Immediate	<i>Heart Failure</i>	How long <i>no appreciable time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. H. Sidwell</i>
		Address <i>Johnsville, Md.</i>
Accident or Suicide? <i>No</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Adickburg</i> <sup>Town</sup>		<i>Fredrick</i> <sup>County</sup>		MARYLAND	
Date of death 19 <i>40</i> <sup>Month</sup> <i>Feb</i> <sup>Day</sup> <i>9</i>		Age <i>75</i> <sup>Years</sup>		<i>11</i> <sup>Months</sup> <i>29</i> <sup>Days</sup>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredrick Md.</i>	
Occupation <i>Retired</i>		Where Residing if not at place of death		<i>at place of death</i>	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William J. Murphy</i>		Father's Birthplace <i>Fred Co</i>			
Mother's Maiden Name <i>Mary Margaret Murphy</i>		Mother's Birthplace <i>Fred Co</i>			
Name of person giving Information <i>William Tuttle</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	<b>64</b> <sup>How long</sup> <i>2 days</i>
Immediate	<i>Family sis</i>	<sup>How long</sup> <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. V. Miller</i>
		Address <i>Detour Maryland</i>
Accident or Suicide <i>No</i>		



Name  
in  
Full

Ann Maria Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
1910		Month	Day	Years	Months	Days	
Date of death		Feb. 21		Age about 68			
Sex	Female	Color or Race	Colored	Birth-place	Arderrick Co.		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widowed			Name of Wife or Husband			
Father's Name				Romeo Hall			
Mother's Maiden Name				Sarah Sanders			
Name of person giving Information				Lora Thomas			
Father's Birthplace				Ard. Co.			
Mother's Birthplace				Ard. Co.			
How related to deceased				Daughter			

CAUSES OF DEATH

Primary	General Debility	How long	154	2 years
Immediate		How long		

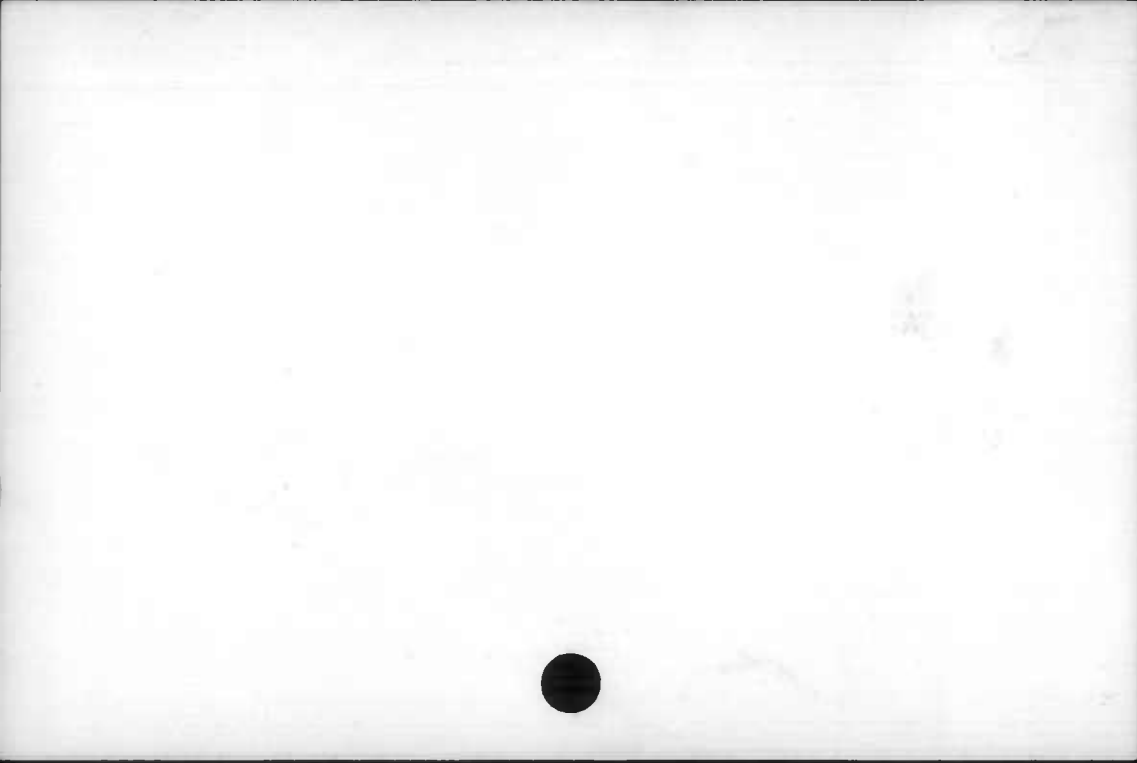
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

J. F. Rensburg  
Bakersville  
Maryland

Accident or Suicide



Name  
in  
Full

Muhl R. Hardman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at <sup>Town</sup> Emmitsburg <sup>County</sup> Frederick MARYLAND

Date of death 1900 <sup>Month</sup> Feb <sup>Day</sup> 24 Age <sup>Years</sup> 0 <sup>Months</sup> 0 <sup>Days</sup> 16

Sex Female Color or Race White Birth-place Emmitsburg, Md

Occupation None Where Residing if not at place of death ✓

~~Married, Single~~ Single Name of Wife or Husband ✓

Father's Name David A. Hardman Father's Birthplace Emmitsburg

Mother's Maiden Name Harriet E. Clomer Mother's Birthplace Emmitsburg

Name of person giving Information David W. Hardman How related to deceased Father ✓

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

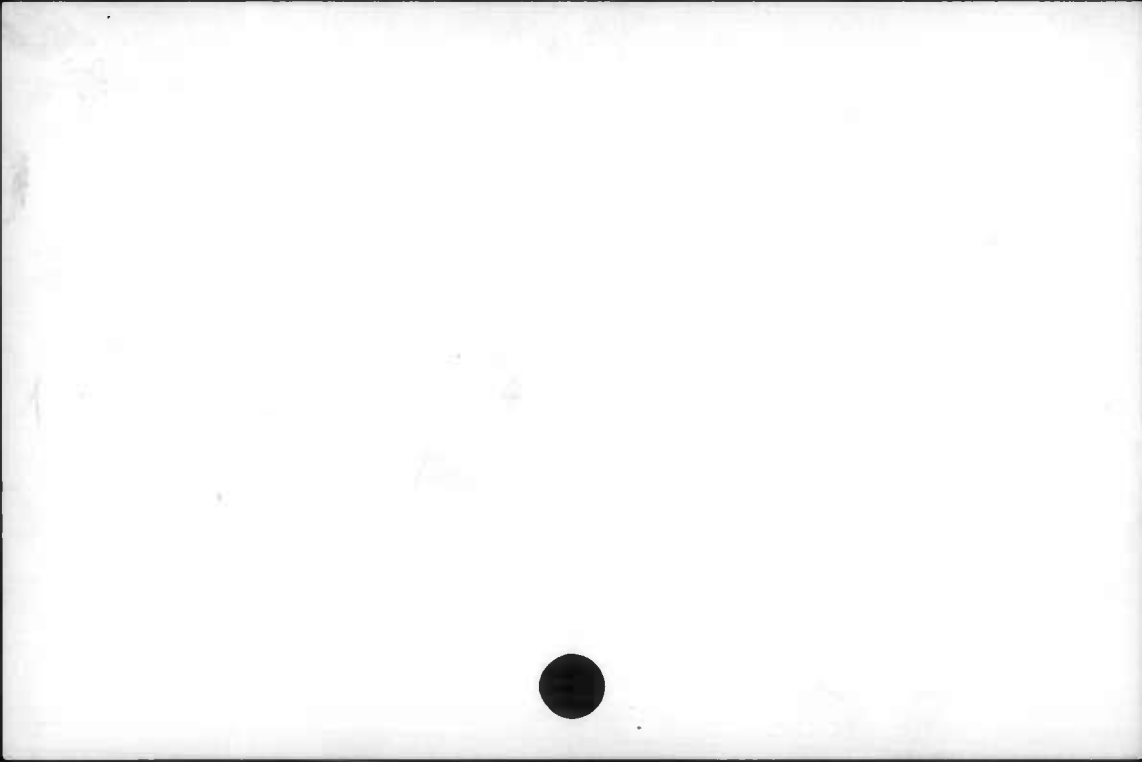
Primary Premature Birth How long 151 ✓

Immediate Marasmus. How long 16 days.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician R. W. Sligo

Address Emmitsburg, Md

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

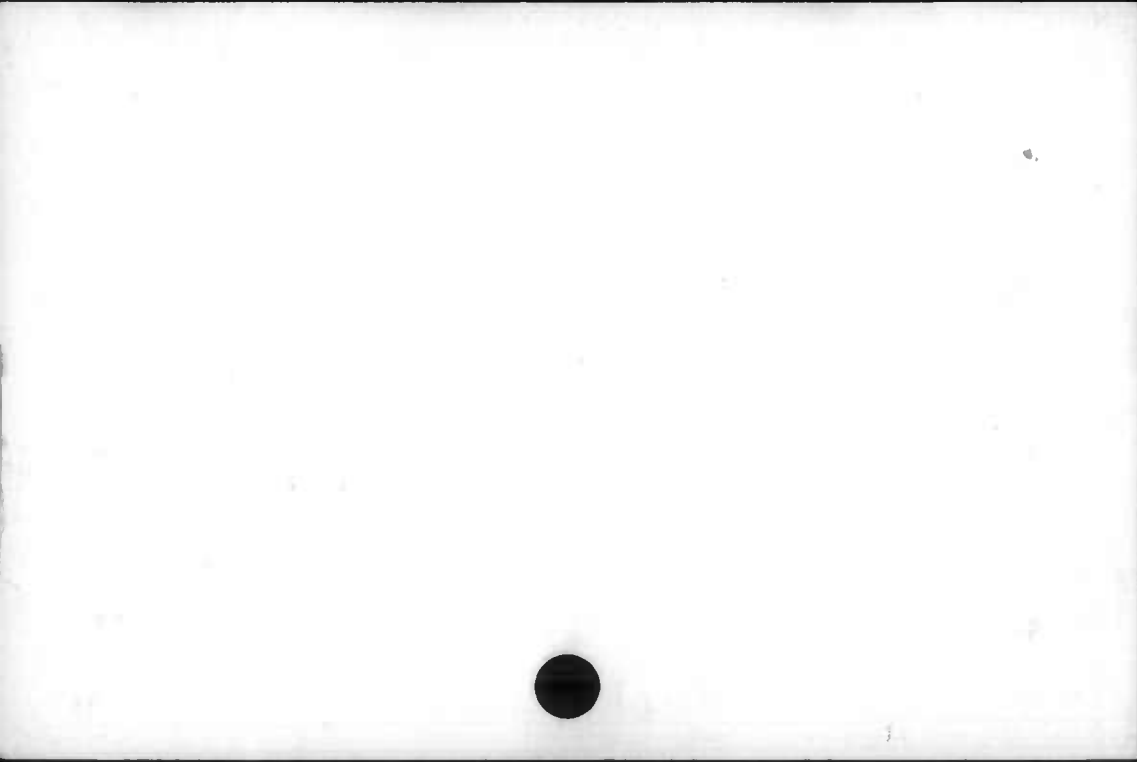
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Gaunsville</i> Town		<i>Harris</i> County <i>MD</i>		MARYLAND	
Date of death	1901	Month	Feb	Day	21
Age		Years		Months	Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Gaunsville, Md</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John N. Harris</i>		Father's Birthplace <i>Funk Co. Md</i>			
Mother's Maiden Name <i>Mary A. Snyder</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Eldred Snyder</i>		How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

Primary	<i>Premature Labor</i>	How long	<i>151</i> ✓ <i>twice 8 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Hopkins M.D.</i>	
		Address <i>New Market</i>	
Accident or Suicide <i>no</i>		<i>Funk Co. Md</i>	

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

Hannah Hemp

Died at Jefferson

Andk County

MARYLAND

Date of death 1906 2 2

Day

Age 87

Months 3

Days 26

Sex Female

Color or Race White

Birth-place Petersville

Occupation Spinster

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband Abraham Hemp

Father's Name Peter Slifer

Father's Birthplace West 20

Mother's Maiden Name Julia Whip

Mother's Birthplace " "

Name of person giving Information Abraham Hemp

How related to deceased Husband

CAUSES OF DEATH

Primary Old Age

154 How long 2 hours

Immediate Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above? Yes

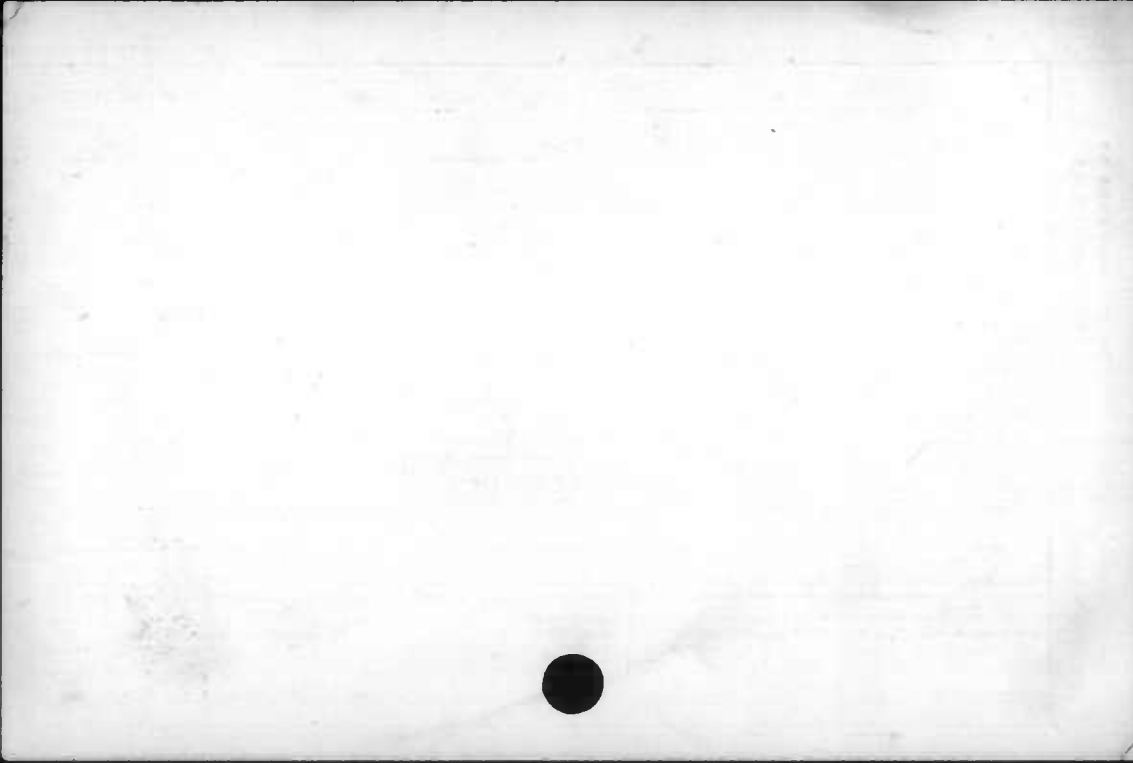
Signature of Physician Dr. H. Bohler, Gross

Address Jefferson Free Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Philip L. Hiteshew

Town

County

MARYLAND

Died at

Indiana

Indiana

Date

of death

1910

Month

Jst

Day

13

Age

69

Months

J

Days

2

Sex

Male

Color or  
Race

White

Birth-  
place

Hoodsboro

Occupation

Hood Lbr. Clerk

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Mrs. Ann Hiteshew

Father's  
Name

Daniel Hiteshew

Father's  
Birthplace

France

Mother's  
Maiden Name

Susan Grindler

Mother's  
Birthplace

Hoodsboro, Md

Name of person giving  
Information

Mrs Mary Morrison

How related  
to deceased

Sister

## CAUSES OF DEATH

Primary

Paralysis

How long

6 weeks

Immediate

exhaustion

How long

gradual

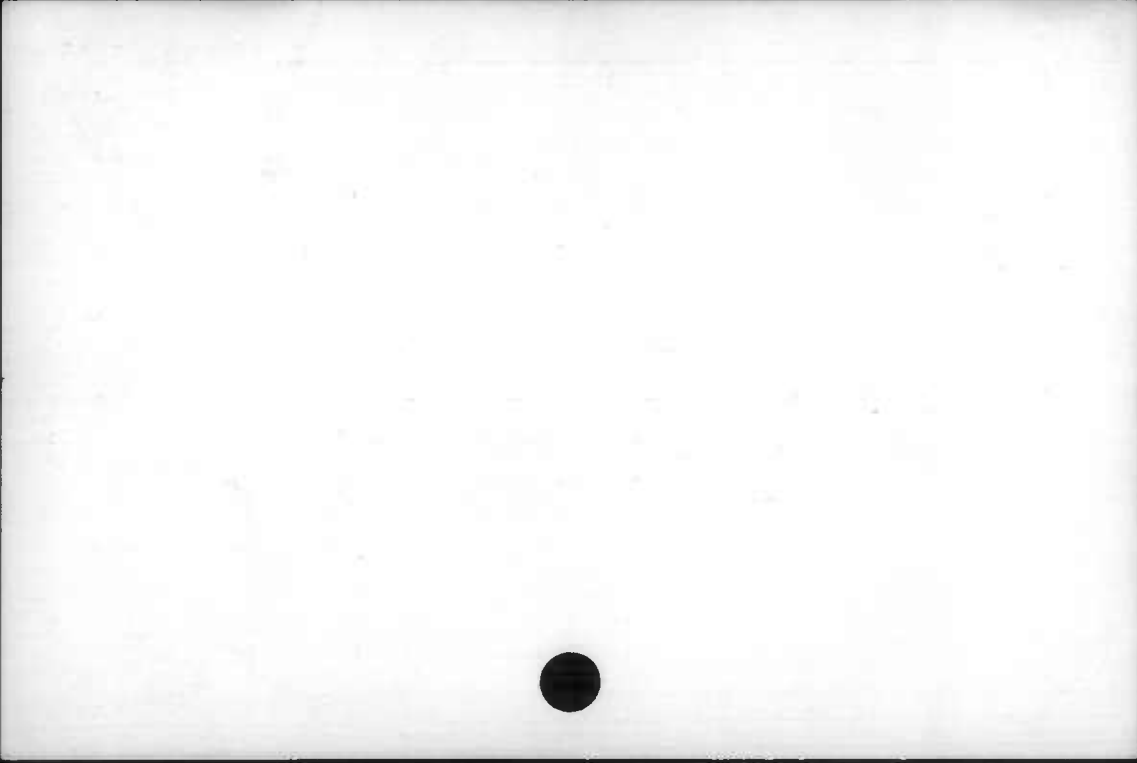
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. B. Johnson,  
Indiana, Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

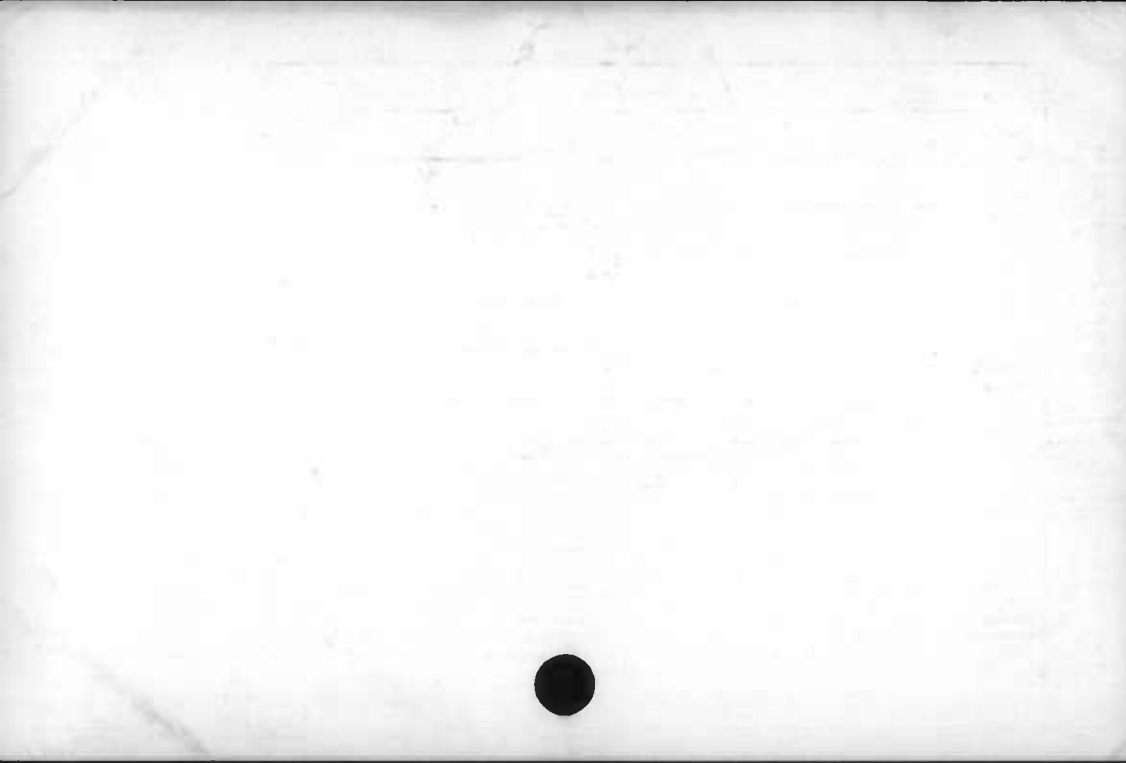
Died at <u>Centerville</u> <sup>Town</sup>		<u>Lincoln</u> <sup>County</sup>		MARYLAND	
Date of death	1900	Month	2	Day	28
Age	70	Years		Months	11
				Days	12
Sex	Female	Color or Race	White	Birth-place	Ad
Occupation	Spinster		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband	John Himes	
Father's Name	Philip Stone		Father's Birthplace	Ad	
Mother's Maiden Name	Sophia Smith		Mother's Birthplace	Ad	
Name of person giving Information			How related to deceased		

## CAUSES OF DEATH

(90) ✓

PHYSICIAN  
OR CORONER

Primary	Old Age	How long	
Immediate	Bronchial Trouble	How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	
		Address	D. H. Butler, Grover Jefferson Trust Co. Md.
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>John J. Hockensmith</b>		Town <b>Near Bridgeport</b>		County <b>Frederick</b>		MARYLAND	
Died at		Month <b>Feb</b>		Day <b>14</b>		Years <b>77</b>	
Date of death <b>1960</b>		Months <b>7</b>		Days <b>4</b>			
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Frederick Co Md</b>			
Occupation <b>Farmer</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>		Name of Wife or <del>Husband</del> <b>Mary E Hockensmith</b>					
Father's Name <b>John Hockensmith</b>		Father's Birthplace <b>Fred Co Md</b>					
Mother's Maiden Name <b>Elizabeth Bempy</b>		Mother's Birthplace <b>Unknown</b>					
Name of person giving information <b>Mary E Hockensmith</b>		How related to deceased <b>Wife</b>					

## CAUSES OF DEATH

Primary

**Paralytic Stroke**

How long

**64** **few minutes**

Immediate

**General Paralysis**

How long

**4 days**

Are the name, age, sex, color, date and place correctly given above?

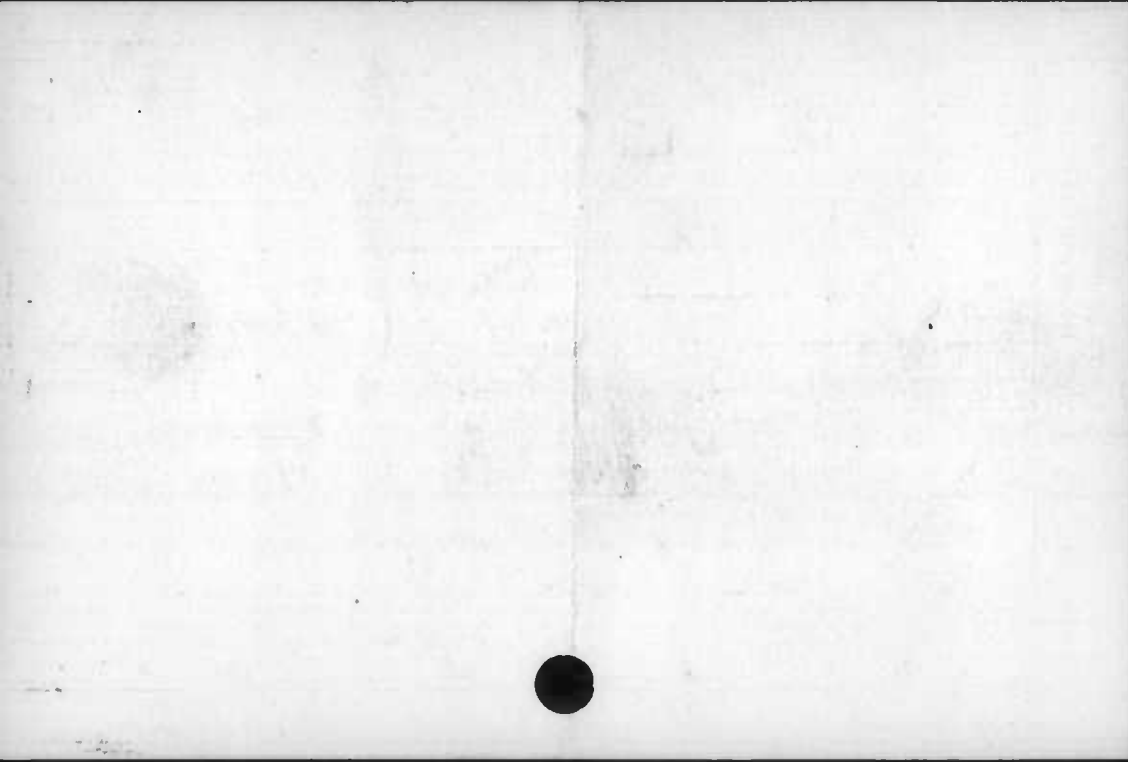
**yes**

Signature of Physician

Address

**Chandor M. Berber M.D.**  
**Danvers, Md.**

Accident or Suicide?





# CERTIFICATE OF DEATH

Widow

120

1540

4 day

1140 Carol Hansen

245

St. John's Cemetery

Dec 15 10

lelele. 10.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Date

of death 1900

Month

2

Day

7

Age

Years

13

Months

3

Days

29

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Sarah E Huffer

Father's  
Name

Joseph L Huffer

Father's  
Birthplace

Md

Mother's  
Maiden Name

Catharine Mulandore

Mother's  
Birthplace

Md

Name of person giving  
In formation

Sarah E Huffer

How related  
to deceased

Md Wife

## CAUSES OF DEATH

63

✓

PHYSICIAN  
OR CORONER

Primary

Landry's Paralysis

How long

9 months

Immediate

Peritonitis

How long

1 week.

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

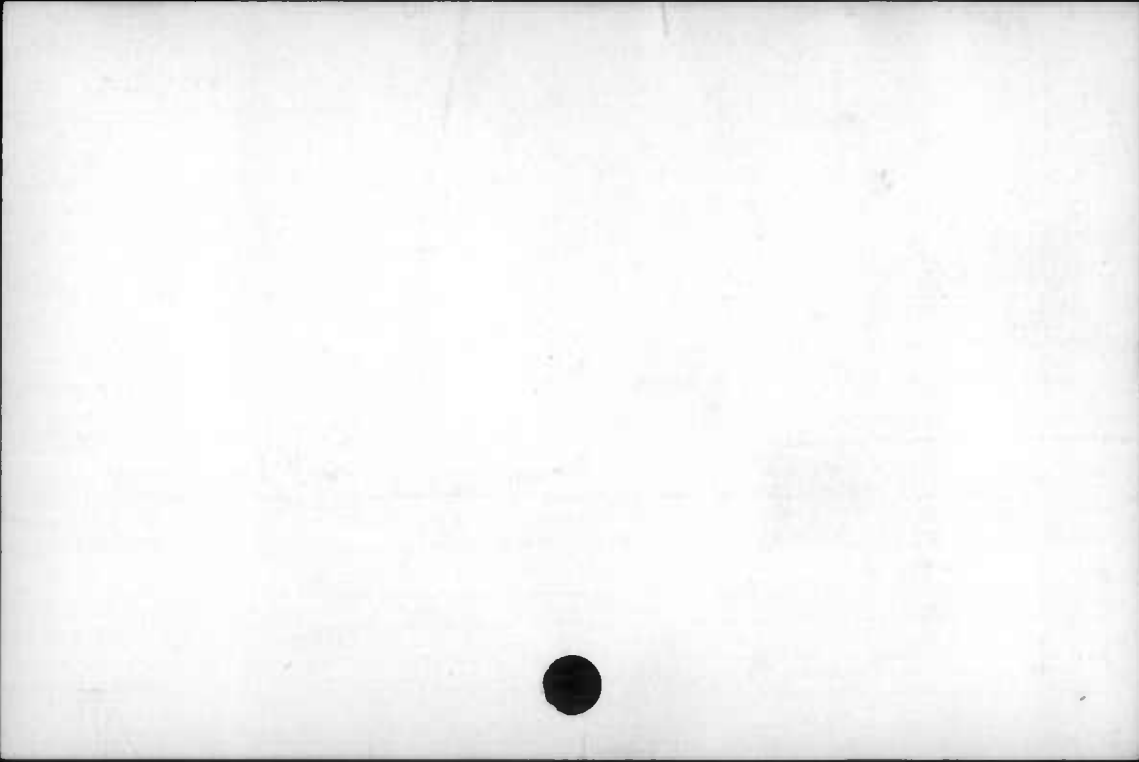
Dr. E L Bowles

Address

Middletown

Md

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

*Susan Jones*

MARYLAND

Died at *Libertytown* <sup>Town</sup> *Fredk.* <sup>County</sup>

Date of death 1900 *2* <sup>Month</sup> *17* <sup>Day</sup> Age *84* <sup>Years</sup> *2* <sup>Months</sup> *3* <sup>Days</sup>

Sex *Female* Color or Race *Black* Birth-place *New Market, Md.*

Occupation *Servant* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Moses Jones* Father's Birthplace *New Market, Md.*

Mother's Maiden Name *Maria Ross* Mother's Birthplace *Poplar Springs, Md.*

Name of person giving Information *Ann M. Lawson* How related to deceased *Sister.*

CAUSES OF DEATH

Primary *Bright's Disease* How long *8 yrs.*  
Immediate *La Grippe* How long *7 days.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Era H. Beale,*  
Address *Libertytown, Md.*

Accident or Suicide *—*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jesse Family, Maryland.

Name  
in  
Full

## CERTIFICATE OF DEATH

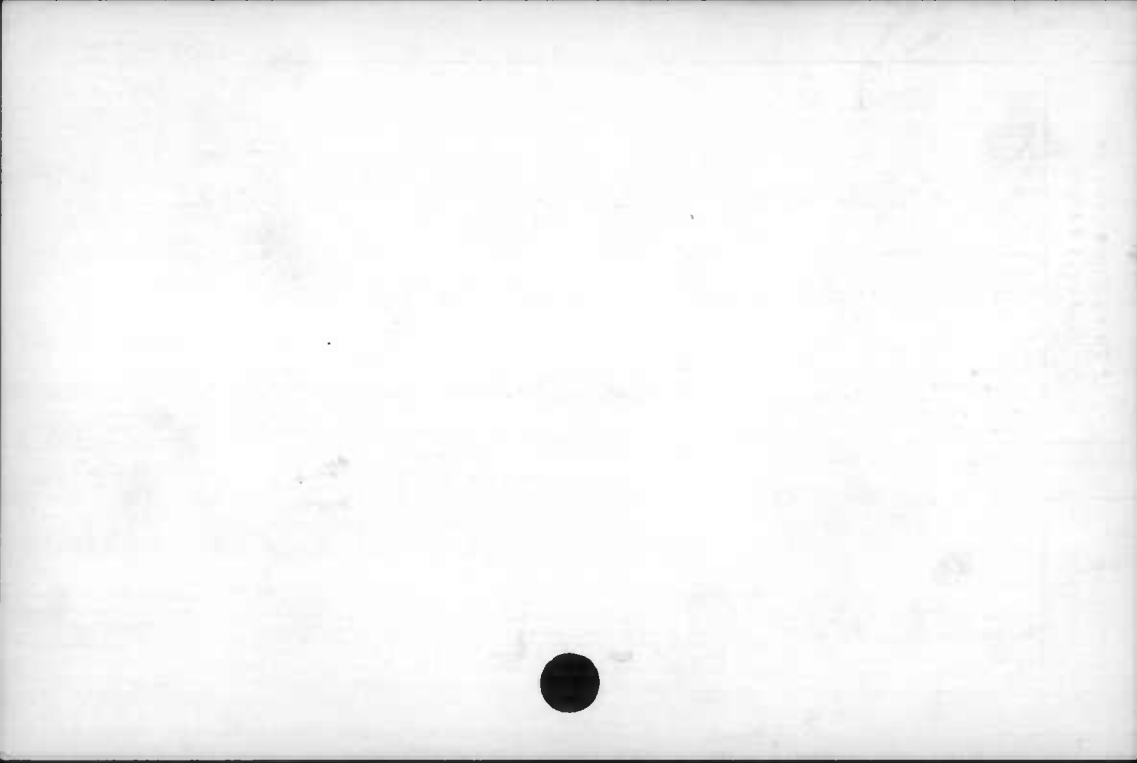
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Charmian Keeney</i>		Town <i>Mary Washington</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Mary Washington</i>		Month <i>Feb.</i>		Day <i>10</i>		Years <i>5</i> Months <i>6</i> Days	
Date of death <i>190</i>		Age <i>25</i>		Birth-place <i>Frederick Co.</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Where Residing if not at place of death <i>same place</i>			
Occupation		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Charmian Keeney</i>			
Father's Name <i>George W. Keeney</i>		Mother's Maiden Name <i>Mary C. Cain</i>		Father's Birthplace <i>Frederick Co.</i>		Mother's Birthplace <i>Frederick Co.</i>	
Name of person giving Information <i>Effie Keeney</i>				How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. C. Dappington</i>
	Address <i>Liberty town Md.</i>
Accident or Suicide	





Name  
in  
Full

Helen E. Kehne

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u>		County <u>Frederick</u>		MARYLAND	
Date of death	19 <u>00</u>	Month <u>Feb</u>	Day <u>26</u>	Age <u>1</u>	Months <u>2</u> Days <u>15</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Frederick</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>at place of death</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Wm Kehne</u>	Father's Birthplace <u>Frederick Co Md</u>				
Mother's Maiden Name <u>Allice Cutsail</u>	Mother's Birthplace <u>Frederick Co Md</u>				
Name of person giving Information <u>Wm Kehne</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

93 ✓

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>1 week</u>
Immediate <u>Paralysis of the Respiratory Centre</u>	How long <u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. B. Bunch</u>
	Address <u>Frederick Md</u>
Accident or Suicide <u>—</u>	



Name  
in  
Full

Mrs. Mary C. Koontz -

## CERTIFICATE OF DEATH

Died at Frederick <sup>Town</sup> city <sup>County</sup>

MARYLAND

Date of death 1960 Month 2 Day 12 Age 53 Years Months 6 Days 8Sex Female Color or Race White Birth-place FrederickOccupation H. wife Where Residing if not at place of death xMarried, Single  
~~or Widowed~~Name of Wife or  
HusbandEdmund KoontzFather's Name Christ EcheverieFather's Birthplace FrankfurtMother's Maiden Name Eliz. StileMother's Birthplace FrankfurtName of person giving  
In formation John KoontzHow related to deceased Son in Law

## CAUSES OF DEATH

Primary ApoplexyHow long 8 hoursImmediate Compressed BrainAre the name, age, sex, color, date  
and place correctly given above?YesSignature of Physician Walter Buchanan

Address

cityAccident or suicide?TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Basil Lewis

Died at *near Jefferson*County *Frederick*

MARYLAND

Date

of death

19d 0

Month

2

Day

11

Age

76

Months

8

Days

9

Sex

Male

Color or  
Reca

White

Birth-  
place

Md

Occupation

Miller

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Cornelia Lewis

Father's  
Name

George W. Lewis

Father's  
Birthplace

Md

Mother's  
Name

Rancy Walker

Mother's  
Birthplace

Md

Name of person giving  
Information

George J. B. Lewis

How related  
to deceased

Son

## CAUSES OF DEATH

90

V

Primary

Bronchitis

How long

Three weeks

Immediate

Heart Failure

How long

Ten minutes

Are the name, age, sex, color, date  
and place correctly given above?

Yes

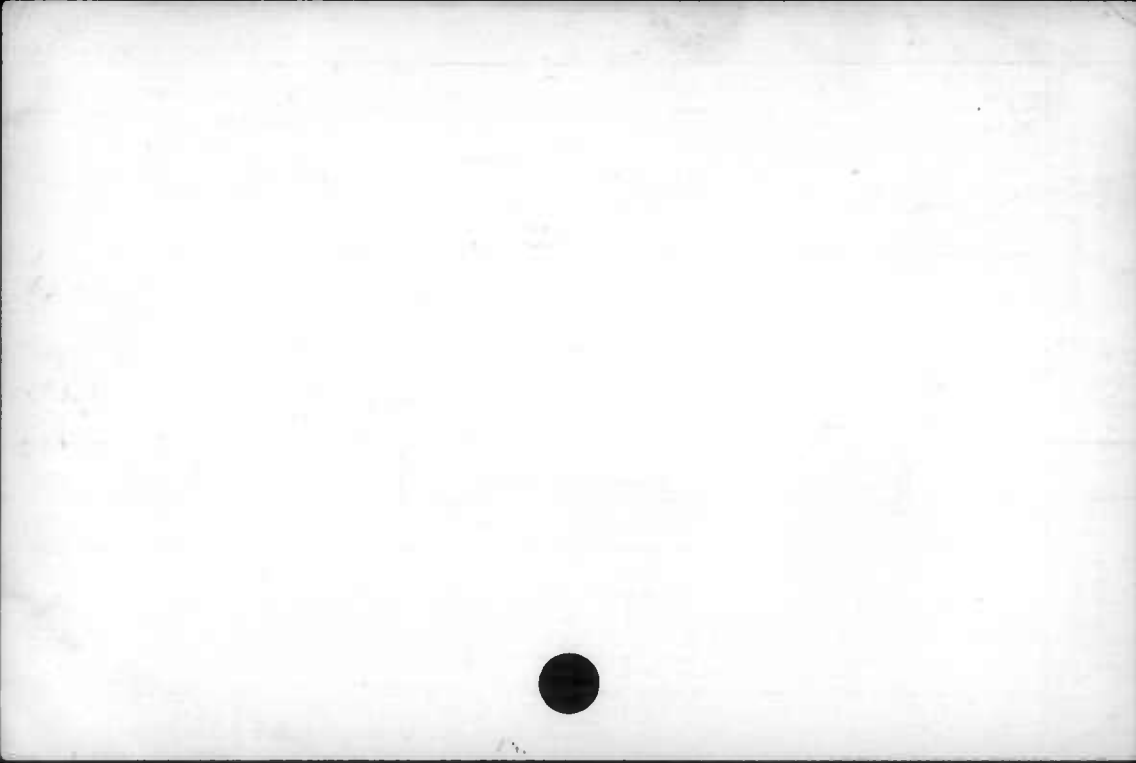
Signature of  
Physician

Address

Dr. H. Bolter Esq  
Jefferson Trust Co Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Francis Mackenzie

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Petersville

Frederick

Date

of death 1900

Month

2

Day

7

Years

Age

86

Months

—

Days

19

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Blacksmith

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Lucinda Stambaugh

Father's  
Name

Elias Mackenzie

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Elizabeth Stambaugh

Mother's  
Birthplace

Pa

Name of person giving  
Information

F. V. Mackenzie

How related  
to deceased

Son

## CAUSES OF DEATH

154

✓

Primary

General debility

How long

—

Immediate

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

yes

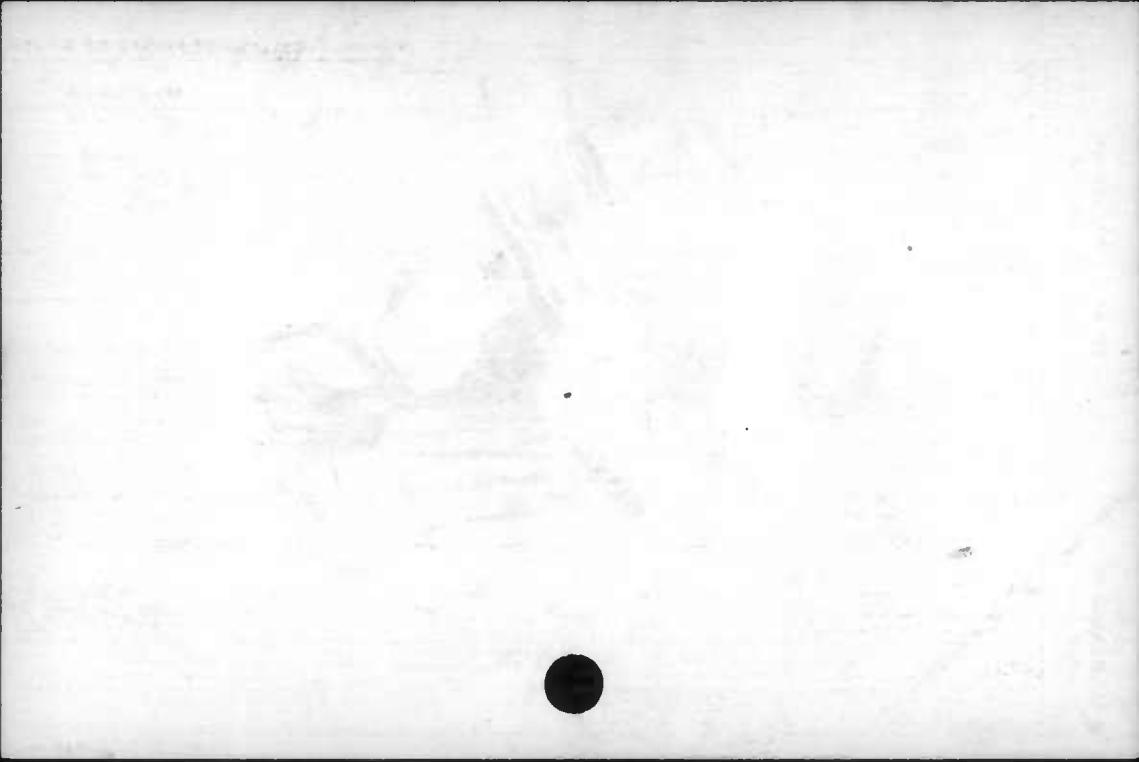
Signature of  
Physician

Address

Sam Claggett  
Petersville  
MD

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

*Susan A. Grace Harriott*

CERTIFICATE OF DEATH

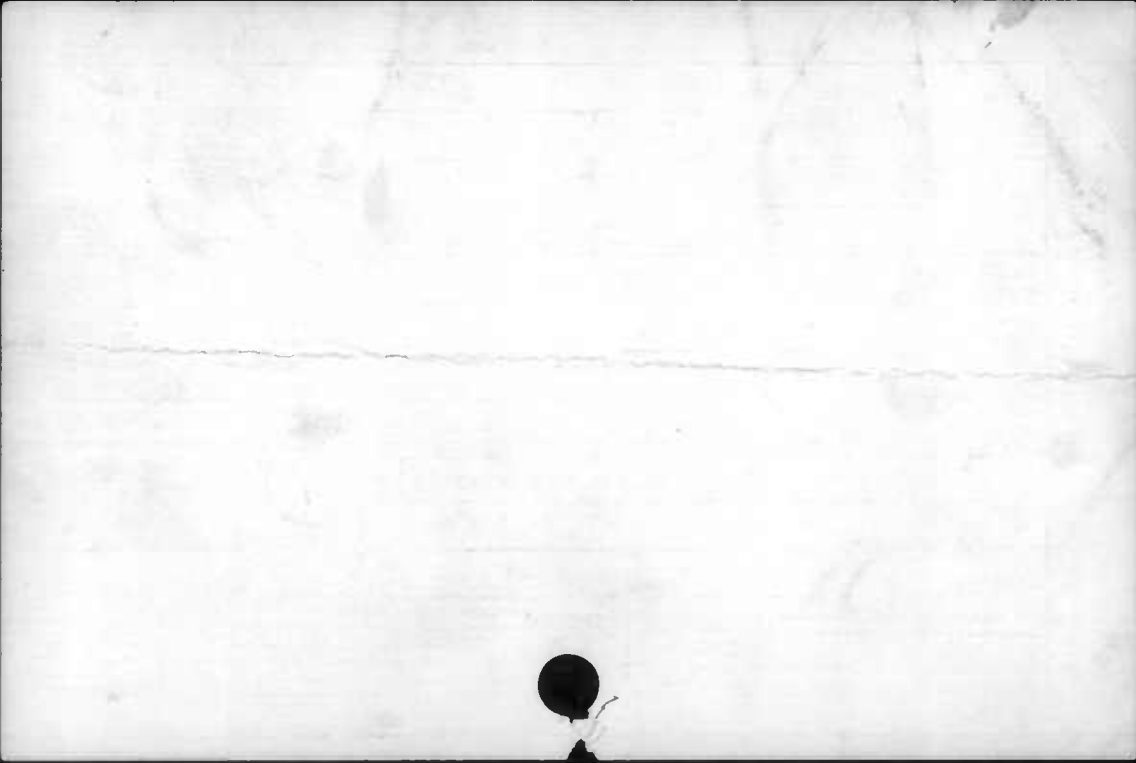
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Jefferson</i> Town		<i>Trick</i> County		MARYLAND	
Date of death 1900	Month <i>2</i>	Day <i>12</i>	Age <i>28</i> Years	Month <i>8</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>near Jefferson</i>			
Occupation <i>Teacher</i>	Where Residing if not at place of death				
<input checked="" type="checkbox"/> Married, Single or Widowed	Name of Wife or Husband <i>X</i>				
Father's Name <i>Charles Harriott</i>	Father's Birthplace <i> Md</i>				
Mother's Name <i>Susan Friday</i>	Mother's Birthplace <i>Jefferson</i>				
Name of person giving Information <i>Marcie Harriott</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary			<b>27</b> How long
Immediate <i>Pulmonary Tuberculosis</i>			How long <i>10 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. J. Smith</i>		
	Address <i>Jefferson Md</i>		
Accident or Suicide			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Name** Josiah Miller

**County** Frederick

**MARYLAND**

**Died at** Catonsville

**Date of death** 1960 Feb 16 **Age** 62 **Months** 3 **Days** 6

**Sex** Male **Color or Race** White **Birth-place** Catonsville

**Occupation** Laborer **Where Residing if not at place of death** at place of death

**Married, Single or Widowed** Married **Name of Wife or Husband** Mary Miller

**Father's Name** Henry Miller **Father's Birthplace** Catonsville

**Mother's Maiden Name** Sarah Battzell **Mother's Birthplace** Unknown

**Name of person giving Information** Mary Miller **How related to deceased** Wife

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

**Primary** Cerebral paralysis **How long** 6 days

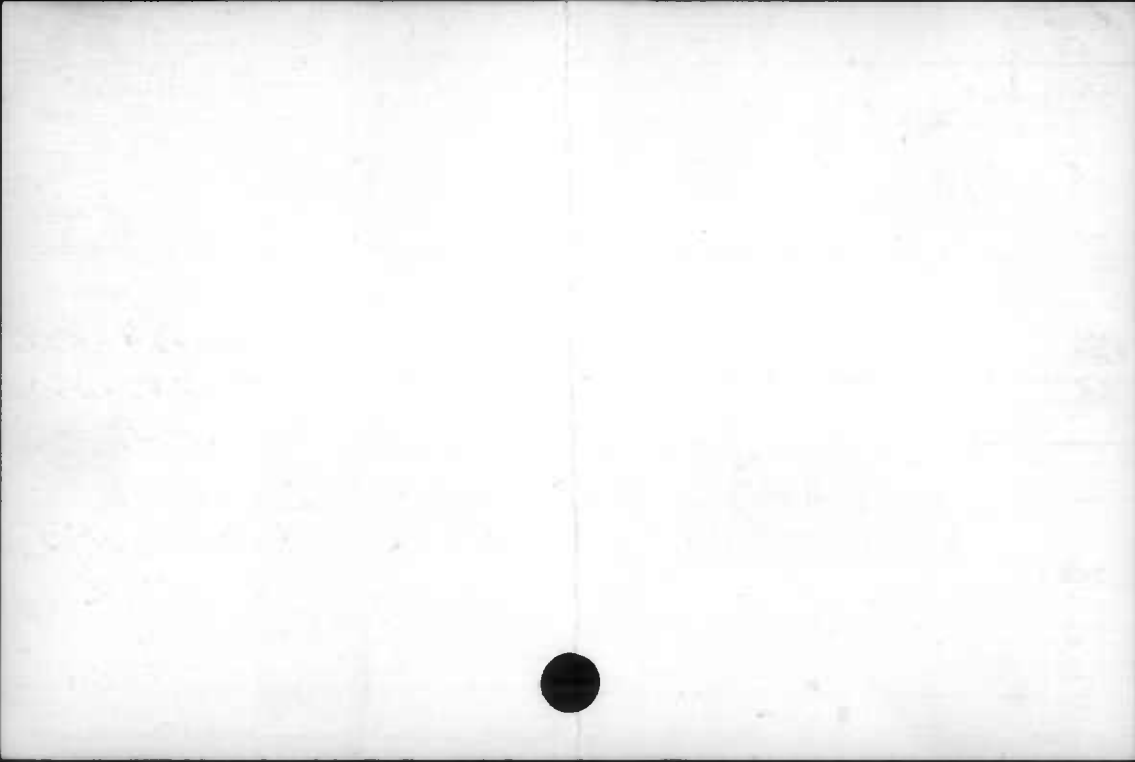
**Immediate** Coma **How long** 3 days

**Are the name, age, sex, color, date and place correctly given above?** Yes

**Signature of Physician** J. D. S. Young

**Address** Creagers town Frederick MD

**Accident or Suicide**



Name  
in  
Full

Reuben M. Moxley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Disd at <i>Ijamsville</i>		Town		<i>Fredrick</i>		County		MARYLAND	
Date of death <i>1960</i>		Month <i>2</i>		Day <i>1</i>		Years <i>74</i>		Months <i>1</i> Days <i>7</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>					
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at place of death</i>							
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Amanda B. Moxley</i>							
Father's Name <i>Charles Moxley</i>		Father's Birthplace <i>md.</i>							
Mother's Maiden Name <i>Sophiea Fahrney</i>		Mother's Birthplace <i>md.</i>							
Name of parson giving Information <i>Mrs Amanda Moxley</i>		How related to deceased <i>wife</i>							

## CAUSES OF DEATH

159

PHYSICIAN  
OR CORONER

Primary <i>Gunsbot wound in the head</i>		How long <i>instant</i>	
Immediate <i>Destruction of the entire cerebrum</i>		How long <i>death</i>	
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>George H. Riggs MD</i>	
		Address <i>Ijamsville Md</i>	
Accident or Suicide <i>Suicide</i>			

My Oliver

Feb 7 10

666.

Name  
in  
Full

William J. Mullinix

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1900	Month Feb.	Day 24	Age 60	Years 5	Months 11
Sex Male		Color or Race white		Birth- place Fredk. Co. Md.			
Occupation Agent - B & O R.R.		Where Residing if not at place of death					
Married, Single or Widowed married		Name of Wife or Husband Lillie Mauch					
Father's Name Thomas Mullinix		Father's Birthplace Maryland					
Mother's Meiden Name Isabella Paisley		Mother's Birthplace "					
Name of person giving Information Wife Mrs. Geo. Paisley		How related to deceased					

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	Carcinoma of liver & Gall bladder Probably 2 years	How long
Immediate	Aseptic Abscesses - Cardiac Asthenia	How long
Are the name, age, sex, color, date and place correctly given above?		YES
Signature of Physician		J. D. McCardie, M.D.
Address		Frederick, Md.
Accident or Suicide		





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Rubel Myers

Died at Myersville Town Frederick Co County  
Date of death 1900 Month Feb Day 3 Age 1 Months 30 Days

Sex Male Color or Race White Birth-place Myersville  
Occupation

Where Residing if not  
et place of death Myersville

Married, Single or Widowed Single Name of Wife or Husband Amanda Myers

Father's Name Charles Myers Father's Birthplace Myersville

Mother's Maiden Name Amanda Mader Mother's Birthplace Myersville

Name of person giving Information Charles Myers How related to deceased Father

CAUSES OF DEATH

Primary Chenush

99 one day  
How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

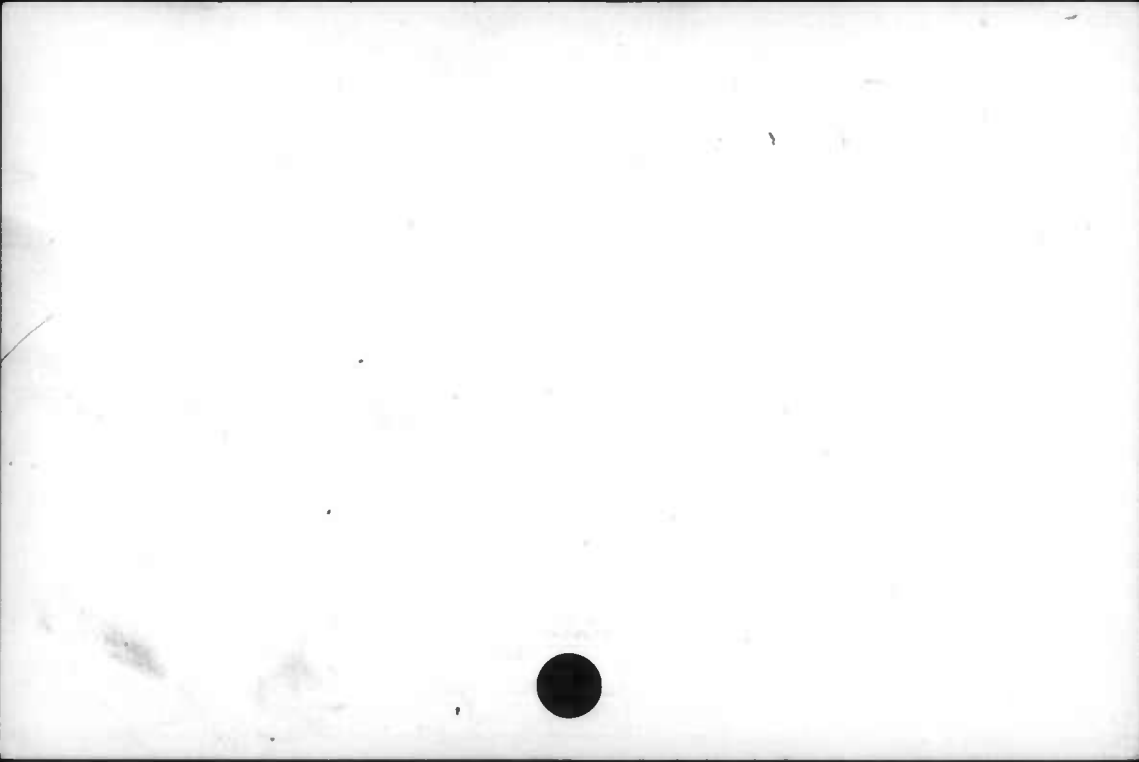
Signature of  
Physician

Address

one day  
Joseph Walpe  
Sub Registrar  
W. P. Physician

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Eliza Ann Ogletoun

Town

County

MARYLAND

Died at Frederick Frederick

Date of death 1900 2 14 Age 73 Months 1 Days 17

Sex Female Color or Race Black Birth-place Fredk Co. Md

Occupation House Wife Where Residing if not at place of death Same

Married, Single or Widowed Widowed Name of Wife or Husband Samuel N. Ogletoun

Father's Name Samuel Powell Father's Birthplace Maryland

Mother's Maiden Name Lavenia Adams Mother's Birthplace "

Name of person giving Information Rebecca Summers How related to deceased Cousin

CAUSES OF DEATH

Primary Paralysis How long 1 Year

Immediate Exhaustion How long few days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician C. F. Gardner and

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Interment Feb 21/1910  
" at Laboring Son's Cemetery  
Thomas P. Rice F. & D.

Dr Goodell

Dr McCurdy

Name  
in  
Full

*Helw Julia Pittinger*

120.3

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Neen</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1900</i>	<i>Feb</i> <sup>Month</sup>	<i>5<sup>th</sup></i> <sup>Day</sup>	Age <i>1</i> <sup>Years</sup>	<i>1</i> <sup>Months</sup>	<i>14</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Clarence H. Pittinger</i>			Father's Birthplace <i>Frederick Co</i>		
Mother's Maiden Name <i>Julia Fox</i>			Mother's Birthplace <i>Frederick Co</i>		
Name of person giving Information <i>Julia Pittinger</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

Primary <i>Bronchopneumonia</i>	<i>91</i> <sup>How long</sup> <i>24 days</i>
Immediate <i>Asthma</i>	<i>2 days</i> <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above? *Yes*

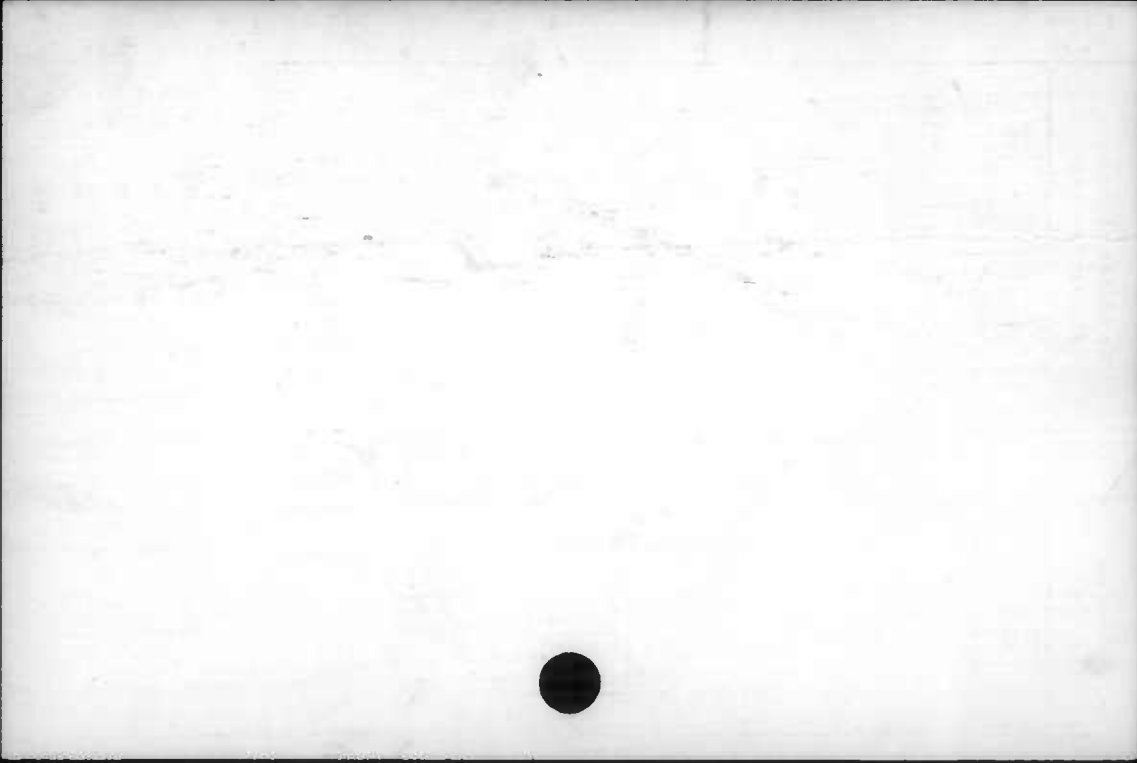
Signature of Physician

Address

*Dr. B. Howe, M.D.*  
*Liberty town*  
*Frederick Co*

Accident or Suicide *No.*

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

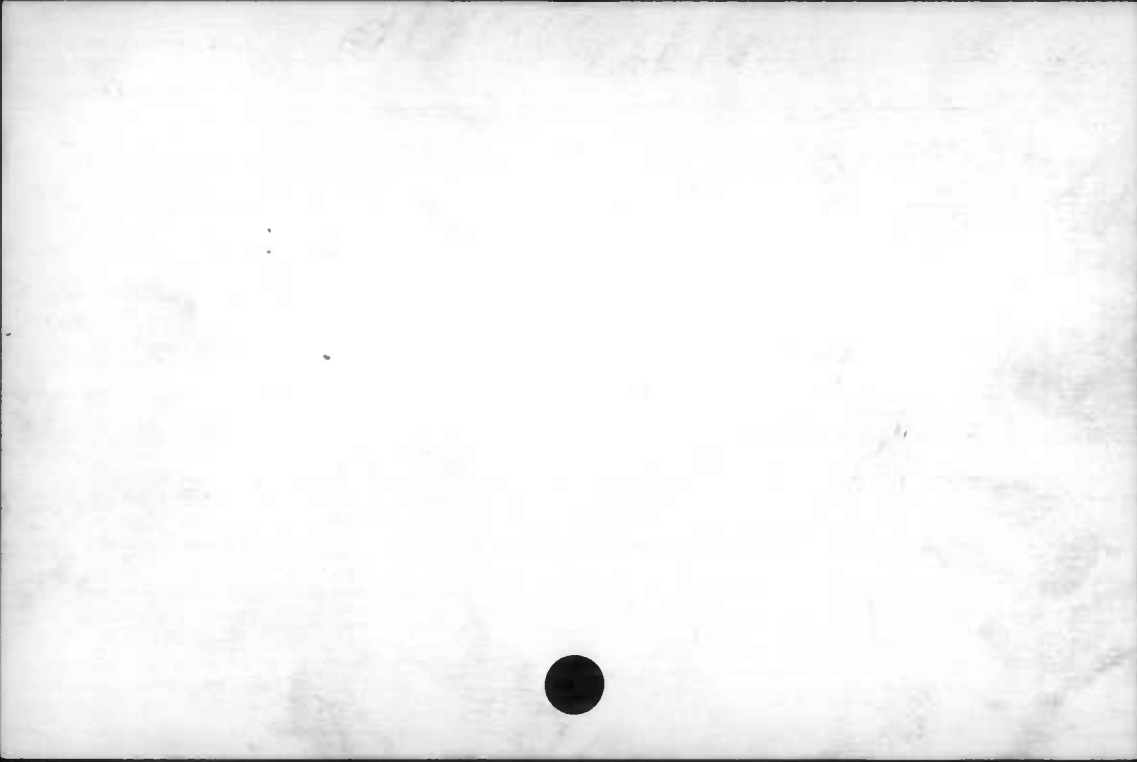
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Knowville</i> <sup>Town</sup>		<i>Brunswick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1944</i>	Month <i>Feb</i>	Day <i>4</i>	Age	Months	Days <i>3</i>
Sex <i>Boy</i>	Color or Race <i>white</i>	Birth-place <i>Knowville</i>			
Occupation <i>none</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Harry J. Price</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Fraucis D. Reynolds</i>	Mother's Birthplace <i>md</i>				
Name of person giving Information <i>Harry J. Price</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>	How long <i>3 days</i>
Immediate <i>Premature Birth</i>	How long <i>7mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Horne</i>
	Address <i>Brunswick md</i>
Accident or Suicide <i>no</i>	





Name  
in  
Full

*Henry Rice*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *near Ellerton* <sup>Town</sup> *Frederick* <sup>County</sup> **MARYLAND**

Date of death *1900* <sup>Month</sup> *Feb;* <sup>Day</sup> *8* Age *85* <sup>Years</sup> *3* <sup>Months</sup> <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *near Ellerton*

Occupation *Farming* Where Residing if not at place of death *near Ellerton*

Married, Single or Widowed *Married* Name of Wife or Husband *Catherine*

Father's Name *Henry Rice* Father's Birthplace \_\_\_\_\_

Mother's Maiden Name *Elizabeth Wastler* Mother's Birthplace \_\_\_\_\_

Name of person giving Information *Catherine Rice* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Organic Heart Disease*

Immediate *Dilatation.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*R. N. Hoke M.D.*  
*Myersville*  
*Md*

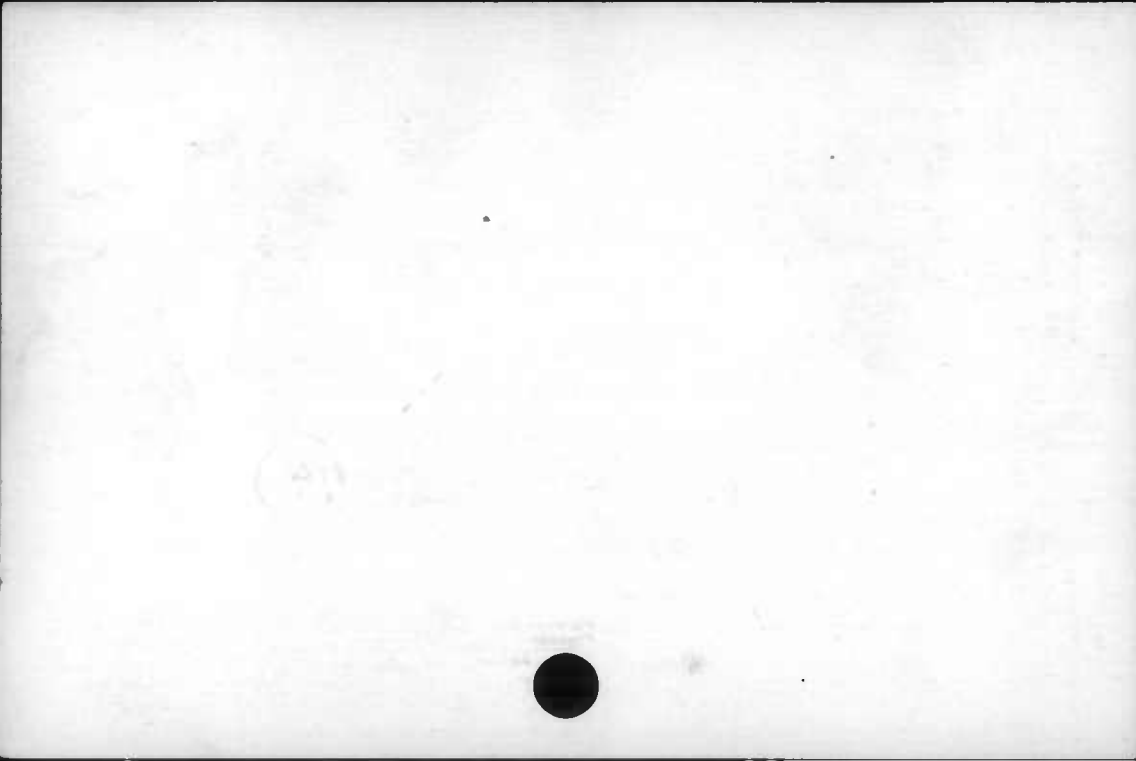
Accident or Suicide

**79**

How long

How long

*year*  
*hour*



Name  
in  
Full

## CERTIFICATE OF DEATH

Cornelius Roberson

Town

County

Died at *Fredericks**Fredericks*

MARYLAND

Date  
of death 19*10*

Month

*2*

Day

*14*

Age

Years

*30*

Months

Days

Sex

*Male*Color or  
Race*Black*Birth-  
place*Fredericks*

Occupation

*Laborer*Where Residing if not  
at place of death*Same*Married, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Christopher Roberson*Father's  
Birthplace*Maryland*Mother's  
Maiden Name*Amanda Brown*Mother's  
Birthplace*"*Name of person giving  
Information*Clarence Roberson*How related  
to deceased*Brother*

## CAUSES OF DEATH

Primary

*Pulmonary Tuberculosis*

How long

*10 yrs*

Immediate

*Exhaustion*

How long

*Several weeks*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*W. G. Bourne MD  
Fredericks, Md.*

Accident or Suicide

*~~~~~*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORNER

Interment Feb 14. 1910

" at Greenmount Cemetery

Thomas P. Rice F. D.

Dr. Bourne

Dr. McCurdy

Name  
in  
Full

Frank Roberts

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Fredericks

Fredericks

Date

of death 1910

Month

2

Day

25

Age

Years

69

Months

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Fredericks Co Md

Occupation

Carpenter etc

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Asia Robinson

Father's  
Name

Henry Roberts

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mary Coates

Mother's  
Birthplace

"

Name of person giving  
Information

W. H. Roberts

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Pneumonia - Lobar

How long

8 days

Immediate

Cardiac Exhaustion

How long

Several hours.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
PhysicianW. G. Doune M.D.  
Fredericks, Md

Address

Accident or Suicide

~~~~~

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Feb 27 1910

" at Greenmount Cem

Thomas R Rice F.D.

Dr Bourse

Dr McCurdy

Name  
in  
Full

Lawrence E. Roberts

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Fredericks*

*Fredericks*

Date  
of death *1990*

Month

*2*

Day

*15*

Age

Years

*23*

Months

*0*

Days

*20*

Sex  
Occupation

*Male*

*Waiter*

Color or  
Race

*Black*

Birth-  
place

*Fredericks*

Where Residing if not  
at place of death

*Same*

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

Father's  
Name

*John Henry Mallison*

Father's  
Birthplace

*Maryland*

Mother's  
Maiden Name

*Ardale Roberts*

Mother's  
Birthplace

*"*

Name of person giving  
Information

*Ardale Roberts*

How related  
to deceased

*Mother*

CAUSES OF DEATH

Primary

*Pulmonary Tuberculosis*

How long

*8 months*

Immediate

*Exhaustion*

How long

*6 weeks*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

Address

*Wm M. Smith  
Fredericks*

Accident or Suicide

*\_\_\_\_\_*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORNER

Interment Feb 17 - 1910

" at Greenmount Cemetery

Thomas P. Rice F. D.

Dr. W. M. Smith

---

Dr. M. Gurdy

---



Name  
in  
Full

Edith Catherine Roddy

## CERTIFICATE OF DEATH

Town

Thurmont

County

Frederick

MARYLAND

Died at

Date

of death 1900

Month

2

Day

19

Age

Years

Months

Days

2

Sex

Female

Color or  
Race

white

Birth-  
place

Md

Occupation

Where Residing if not  
at place of death~~Married~~; Single  
or ~~Widowed~~~~Name of Wife or  
Husband~~Father's  
Name

Frank A Roddy

Father's  
Birthplace

Md

Mother's  
Maiden Name

Florence Jordan

Mother's  
Birthplace

"

Name of person giving  
Information

Frank A Roddy

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Low development Heart - 2 days -

How long

Immediate

Indigestion

How long

2 hrs -

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Marion B. Bailey  
Thurmont  
Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORNER



Name  
in  
Full

Harrison Crook Linker Sanders

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at 748 Olive Town Frederick County MARYLAND

Date of death 1910 Feb. Day 28 Age 21 Months — Days 4

Sex Male Color or Race Black Birth-place md

Occupation Labourer Where Residing if not at place of death 748 Olive

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Edward Sanders Father's Birthplace md

Mother's Maiden Name Levonis Bell Mother's Birthplace md

Name of person giving information Anthon Patterson How related to deceased —

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis How long 2 years.

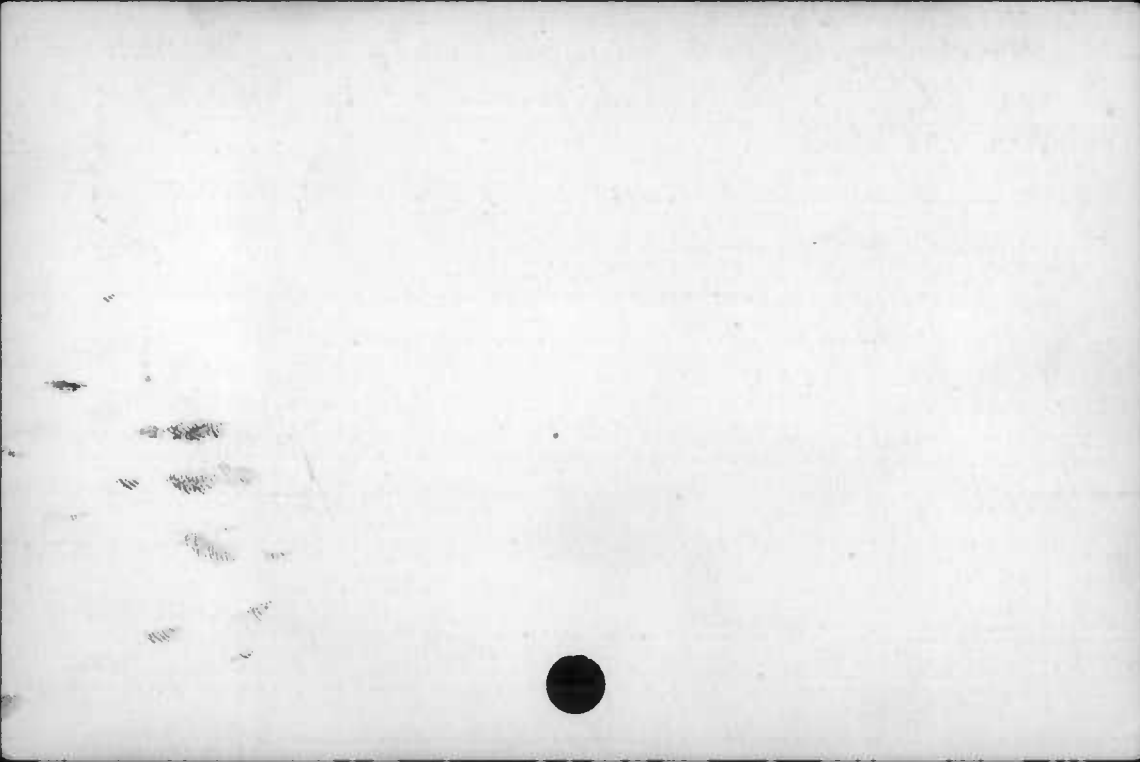
Immediate Exhaustion How long 3 days.

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician John H. Heath

Address New Windsor Md.

Accident or Suicide? —



Name  
in  
Full

Peter Haslington Shaper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

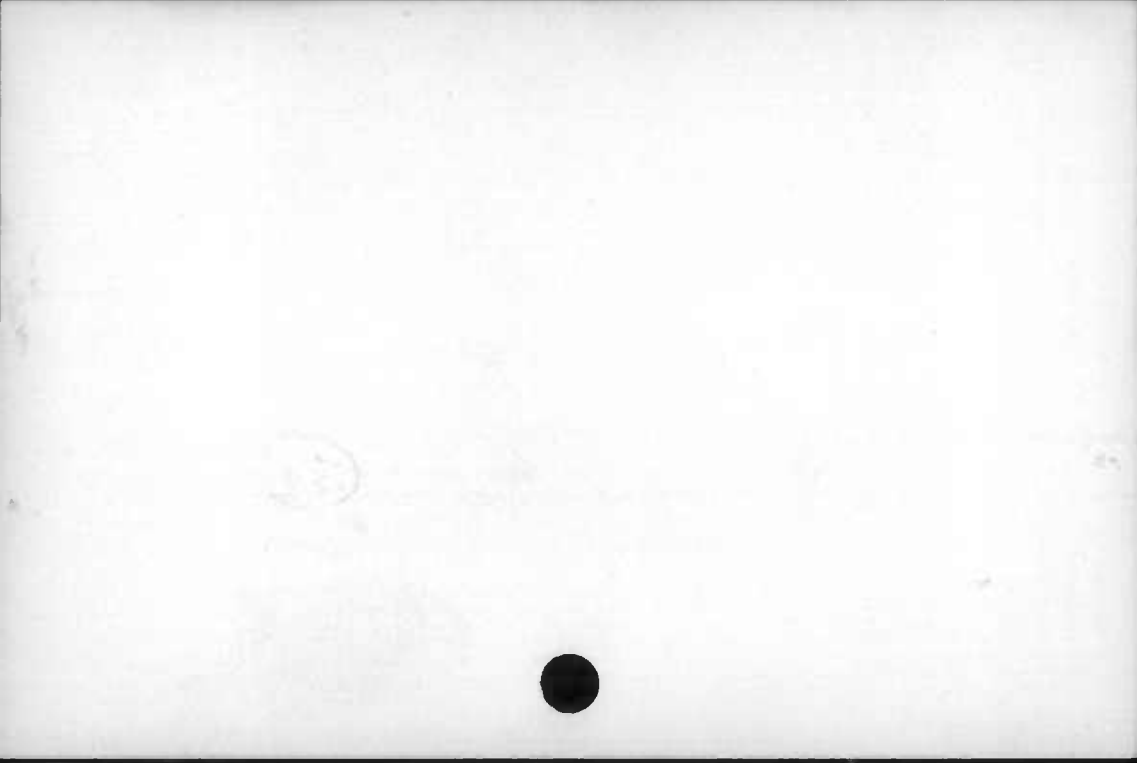
|                                                     |                            |               |                                              |                         |                 |                |  |
|-----------------------------------------------------|----------------------------|---------------|----------------------------------------------|-------------------------|-----------------|----------------|--|
| Died at <i>Middletown</i>                           |                            | Town          |                                              | County <i>Frederick</i> |                 | MARYLAND       |  |
| Date of death <i>1900</i>                           | Month <i>Feb</i>           | Day <i>19</i> | Age <i>75</i>                                | Years                   | Months <i>8</i> | Days <i>11</i> |  |
| Sex <i>Male</i>                                     | Color or Race <i>White</i> |               | Birth-place <i>Middletown</i>                |                         |                 |                |  |
| Occupation <i>School teacher</i>                    |                            |               | Where Residing if not at place of death      |                         |                 |                |  |
| Married, <del>Single</del> or <del>Widowed</del>    |                            |               | Name of Wife or Husband <i>Anne L Shaper</i> |                         |                 |                |  |
| Father's Name <i>John Shaper</i>                    |                            |               | Father's Birthplace <i>Middletown</i>        |                         |                 |                |  |
| Mother's Maiden Name <i>Elizabeth Leimbach</i>      |                            |               | Mother's Birthplace <i>Ind</i>               |                         |                 |                |  |
| Name of person giving information <i>Mrs Barron</i> |                            |               | How related to deceased <i>Daughter</i>      |                         |                 |                |  |

## CAUSES OF DEATH

64 ✓

PHYSICIAN  
OR CORONER

|                                                                                 |                              |                                            |                |
|---------------------------------------------------------------------------------|------------------------------|--------------------------------------------|----------------|
| Primary                                                                         | <i>Organic heart disease</i> | How long                                   | <i>3 years</i> |
| Immediate                                                                       | <i>Paralytic stroke</i>      | How long                                   | <i>3 days</i>  |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> |                              | Signature of Physician <i>E. L. Bowles</i> |                |
|                                                                                 |                              | Address <i>Middletown</i>                  |                |
| Accident or Suicide?                                                            |                              | <i>Nd.</i>                                 |                |



Name  
in  
Full

Hester Rebecca Shipley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at <sup>Town</sup> *Jamsville* <sup>County</sup> *Frederick* **MARYLAND**

Date of death 19*00* Month *2* Day *19* Age *46* Months *8* Days *17*

Sex *Female* Color or Race *white* Birth-place *Frederick Co.*

Occupation *Student* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Wm H. Shipley* Father's Birthplace *Frederick Co.*

Mother's Maiden Name *Hester R. Riggs* Mother's Birthplace *Frederick Co.*

Name of person giving Information *Elizabeth H. Riggs* How related to deceased *Aunt*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Tuberculosis (General)* How long *9 years*

Immediate *Exhaustive Emaciation - Intestinal Ulceration Diarrhea and hemorrhage* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *George H. Riggs M.D.*

Address *Jamsville Md.*

Accident or Suicide \_\_\_\_\_

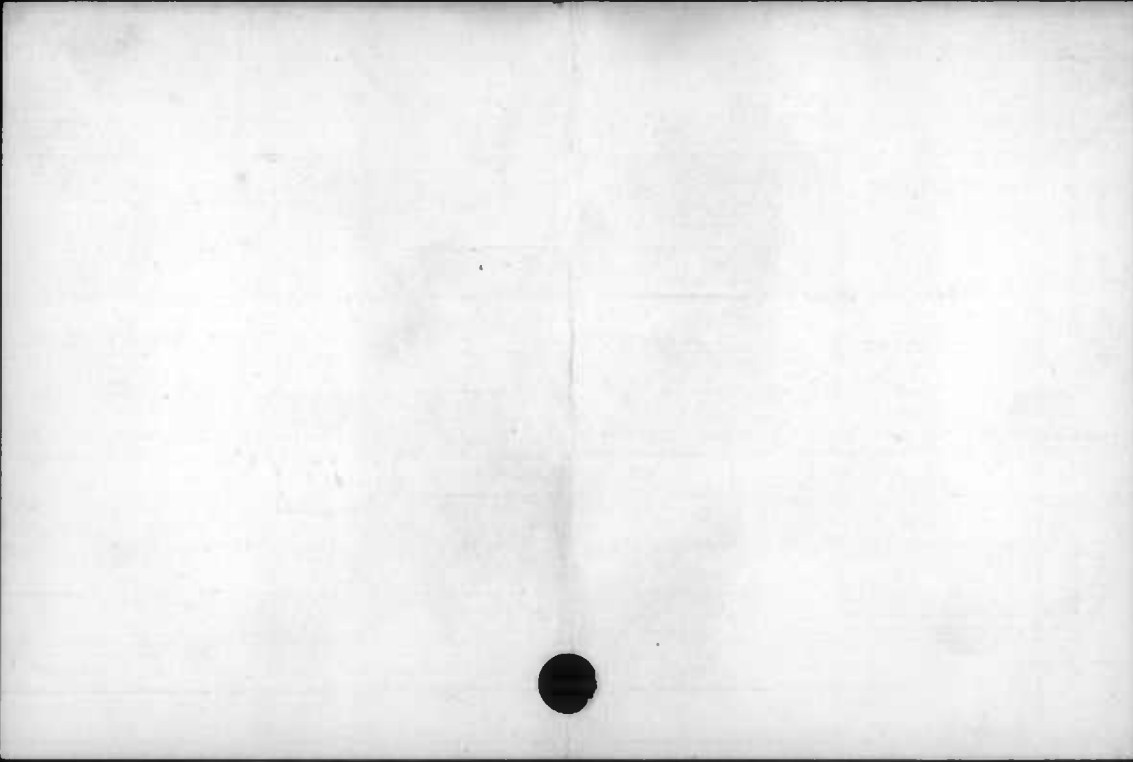
9/18 Olevet

2/21

bblo



|                                                             |                                                                      |                                                                       |                                          |
|-------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------|
| Name in Full<br><i>Adam Leroy Smith.</i>                    |                                                                      | CERTIFICATE OF DEATH                                                  |                                          |
| TO BE ANSWERED BY<br>NEAREST FRIEND                         | Died at<br><i>Foxville</i>                                           | County<br><i>Fred.</i>                                                | MARYLAND                                 |
|                                                             | Date of death<br><i>1900</i>                                         | Month<br><i>2</i>                                                     | Day<br><i>2</i>                          |
|                                                             | Age<br><i>—</i>                                                      | Years<br><i>—</i>                                                     | Months<br><i>—</i>                       |
|                                                             | Sex<br><i>Male</i>                                                   | Color or Race<br><i>White</i>                                         | Birth-place<br><i>Foxville Fred. Md.</i> |
|                                                             | Occupation<br><i>none</i>                                            | Where Residing if not at place of death<br><i>Foxville. Fred. Md.</i> |                                          |
|                                                             | Married, Single or Widowed<br><i>Single</i>                          | Name of Wife or Husband<br><i>none.</i>                               |                                          |
|                                                             | Father's Name<br><i>Clarence A. Smith</i>                            | Father's Birthplace<br><i>Pleasant Valley</i>                         |                                          |
| Mother's Maiden Name<br><i>Elsie. Torus</i>                 | Mother's Birthplace<br><i>Foxville.</i>                              |                                                                       |                                          |
| Name of person giving information<br><i>Lewis F. Smith.</i> | How related to deceased<br><i>Grandfather</i>                        |                                                                       |                                          |
| CAUSES OF DEATH                                             |                                                                      |                                                                       |                                          |
| PHYSICIAN OR CORONER                                        | Primary<br><i>Cause of Death not known</i>                           | How long<br><i>189</i>                                                |                                          |
|                                                             | Immediate                                                            | How long                                                              |                                          |
|                                                             | Are the name, age, sex, color, date and place correctly given above? | Signature of Physician<br><i>No Physician</i>                         |                                          |
|                                                             |                                                                      | Address<br><i>C. A. Stearns</i>                                       |                                          |
| Accident or Suicide?                                        |                                                                      |                                                                       |                                          |



Name  
In  
Full

Edith C. Smith

## CERTIFICATE OF DEATH

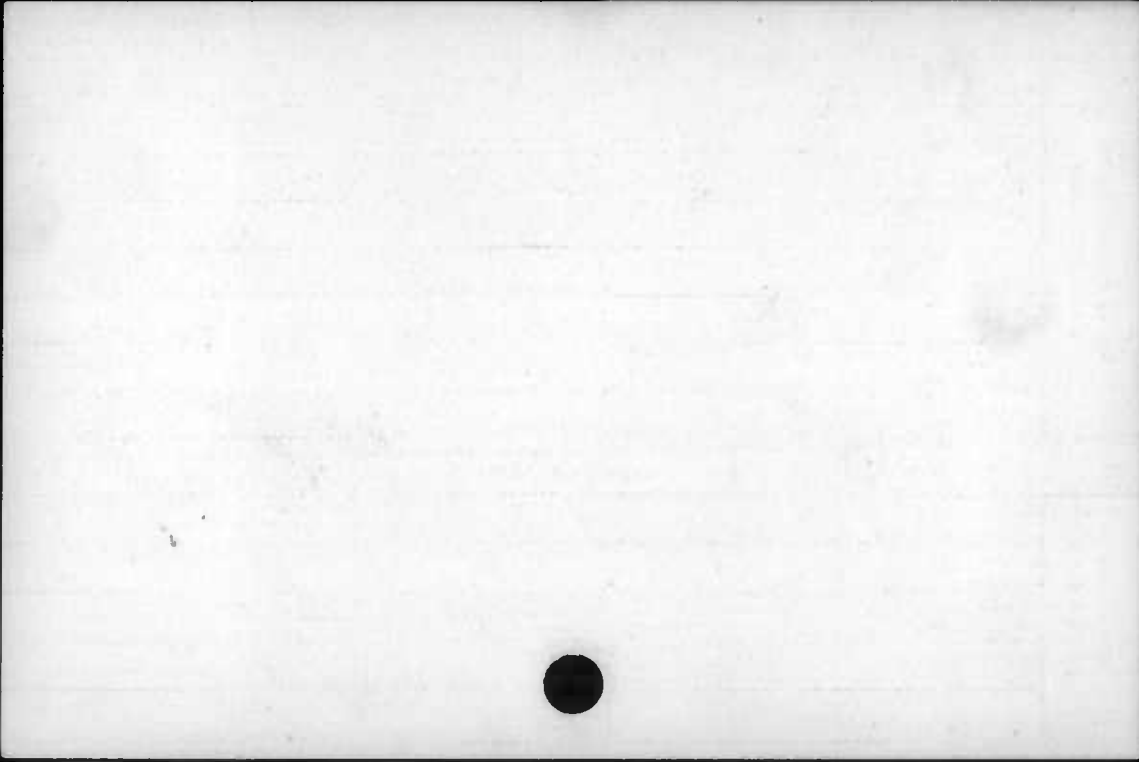
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                       |                            |                                                 |                                           |                       |                |
|-------------------------------------------------------|----------------------------|-------------------------------------------------|-------------------------------------------|-----------------------|----------------|
| Died at <i>Burkittsville</i> <sup>Town</sup>          |                            | <i>Ind.</i> <sup>County</sup>                   |                                           | MARYLAND              |                |
| Date of death <i>1960</i>                             | Month <i>2</i>             | Day <i>15</i>                                   | Age <i>31</i>                             | Years <i>8</i> Months | Days <i>11</i> |
| Sex <i>Female</i>                                     | Color or Race <i>White</i> |                                                 | Birth-place <i>Burkittsville</i>          |                       |                |
| Occupation <i>House Wife</i>                          |                            |                                                 | Where Residing if not at place of death   |                       |                |
| Married, Single or Widowed <i>Married</i>             |                            | Name of Wife or Husband <i>Charles W. Smith</i> |                                           |                       |                |
| Father's Name <i>John D. Morris</i>                   |                            |                                                 | Father's Birthplace <i>Fred. Co. Ind.</i> |                       |                |
| Mother's Maiden Name <i>Susan C. Smith</i>            |                            |                                                 | Mother's Birthplace <i>" "</i>            |                       |                |
| Name of person giving information <i>Frank Morris</i> |                            |                                                 | How related to deceased <i>Brother</i>    |                       |                |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                                 |                                                |
|---------------------------------------------------------------------------------|------------------------------------------------|
| Primary <i>Carcinoma of Stomach</i>                                             | How long <i>9 mo</i>                           |
| Immediate <i>Exhaustion</i>                                                     | How long <i>2 wks</i>                          |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Leo J. [unclear]</i> |
|                                                                                 | Address <i>Burkittsville Ind</i>               |
| Accident or Suicide?                                                            |                                                |



Name  
in  
Full

Clara Bula Snyder

CERTIFICATE OF DEATH

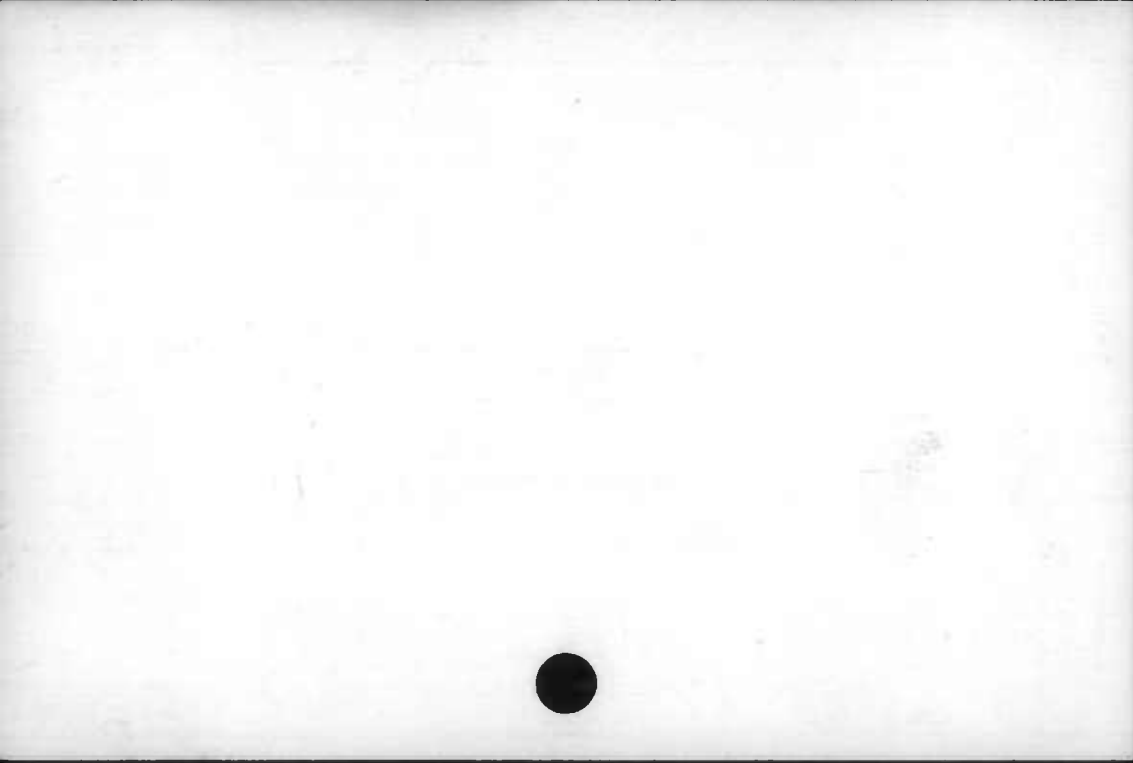
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |               |                    |                         |                                         |               |             |            |
|-----------------------------------|---------------|--------------------|-------------------------|-----------------------------------------|---------------|-------------|------------|
| Died at                           |               | Town<br>Johnsville |                         | County<br>Frederick                     |               | MARYLAND    |            |
| Date of death                     | 1960          | Month<br>Feb       | Day<br>12               | Age<br>25                               | Years         | Months<br>6 | Days<br>17 |
| Sex                               | Female        | Color or Race      | White                   | Birthplace                              | Frederick Co. |             |            |
| Occupation                        | Housewife     |                    |                         | Where Residing if not at place of death |               |             |            |
| Married, Single or Widowed        | Married       |                    | Name of Wife or Husband | Roy D. Snyder                           |               |             |            |
| Father's Name                     | Cyrurgus Stan |                    |                         | Father's Birthplace                     | Frederick Co  |             |            |
| Mother's Maiden Name              | Matilda Woods |                    |                         | Mother's Birthplace                     | Frederick Co  |             |            |
| Name of person giving Information | M. F. Stan    |                    |                         | How related to deceased                 | Cousine       |             |            |

CAUSES OF DEATH

|                                                                      |              |     |                        |                              |
|----------------------------------------------------------------------|--------------|-----|------------------------|------------------------------|
| Primary                                                              | Tuberculosis |     | (28) ✓<br>How long     | 6 yrs                        |
| Immediate                                                            | Exhaustion   |     | How long               | 24 hrs.                      |
| Are the name, age, sex, color, date and place correctly given above? |              | Yes | Signature of Physician | Dr. B. Stone                 |
|                                                                      |              |     | Address                | Liberty Town<br>Frederick Co |
| Accident or Suicide                                                  |              |     |                        |                              |

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Susan Speak's

Town

County

MARYLAND

Died at Frederick

Frederick

Date  
of death 1960

Month

2

Day

17

Years

Age

75

Months

Days

Sex  
Occupation

Female

Color or  
Race

Black

Birth-  
place

Fredd Co Md

House Keeper

Where Residing if not  
at place of death

Boaddock, F Co Md

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Joseph Speak's

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Catherine Marie

Mother's  
Birthplace

''

Name of person giving  
Information

Mrs John Williams

How related  
to deceased

Sister

CAUSES OF DEATH

Primary

Coronary Atherosclerosis

How long

79 6 Months

Immediate

Pain

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

W. A. Long

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Interment Feb 19 - 1910

" at Greenmount Cemetery

Thomas P. Reice F.O.

Dr Long

Dr McCurdy



Name  
in  
Full

Lottie Stultz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                      |                                              |                                         |                        |                 |                |
|------------------------------------------------------|----------------------------------------------|-----------------------------------------|------------------------|-----------------|----------------|
| Died at <i>Brunswick</i> Town                        |                                              | <i>Fredrick</i> County                  |                        | MARYLAND        |                |
| Date of death <i>1910</i>                            | Month <i>2</i>                               | Day <i>23</i>                           | Age <i>32</i>          | Months <i>6</i> | Days <i>23</i> |
| Sex <i>Female</i>                                    | Color or Race <i>White</i>                   |                                         | Birth-place <i>Ind</i> |                 |                |
| Occupation <i>House wife</i>                         |                                              | Where Residing if not at place of death |                        |                 |                |
| Married, Single or Widowed <i>Married</i>            | Name of Wife or Husband <i>Chas J Stultz</i> |                                         |                        |                 |                |
| Father's Name <i>Joseph Walfield</i>                 | Father's Birthplace <i>Ind</i>               |                                         |                        |                 |                |
| Mother's Maiden Name <i>Katie Bales</i>              | Mother's Birthplace <i>W Va</i>              |                                         |                        |                 |                |
| Name of person giving information <i>Chas Stultz</i> | How related to deceased <i>Husband</i>       |                                         |                        |                 |                |

## CAUSES OF DEATH

108

V

PHYSICIAN  
OR CORONER

|                                                                      |                     |                                         |
|----------------------------------------------------------------------|---------------------|-----------------------------------------|
| Primary                                                              | <i>Appendicitis</i> | How long <i>5 days</i>                  |
| Immediate                                                            | <i>Shock</i>        | How long <i>2 days</i>                  |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i>          | Signature of Physician <i>A L Horne</i> |
|                                                                      |                     | Address <i>Brunswick Ind</i>            |
| Accident or Suicide?                                                 | <i>No</i>           |                                         |

32 Aug 2nd last 1910 2 23

Dr Hume

|      |   |    |
|------|---|----|
| 1177 | 6 | 2  |
| 32   | 6 | 23 |

Name  
in  
Full

## CERTIFICATE OF DEATH

William J. Thomas

Town

County

Died at *Fredericks**Fredericks*

MARYLAND

Date  
of death 1900

Month

2

Day

6

Age

77

Years

Months

10

Days

24

Sex

*Male*Color or  
Race*White*Birth-  
place*Dist of C.*

Occupation

*Finer*Where Residing if not  
at place of death*Same*Married, Single  
or Widowed*Widowed*Name of Wife or  
Husband*Mary E. McKenley*Father's  
Name*John W. Thomas*Father's  
Birthplace*Dist of C.*Mother's  
Maiden Name*Mary — Unknown*Mother's  
Birthplace*—*Name of person giving  
Information*Annie McKenley*How related  
to deceased*Sister in Law*

## CAUSES OF DEATH

Primary

*Fracture of Thigh*

How long

*6 weeks.*

Immediate

*Exhaustion*

How long

*6 days.*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Wm M. Smith*

Address

*Frederick, Md*

Accident or Suicide

*—*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORNER

Internment Feb - 8 - 10

" at Mt. Pleasant Cem.

Thomas P. Rice F.A.O.

cc H. M. Smith

---

cc Mr. Curdy.

Name  
in FullM<sup>c</sup> Calvey *Timpson*

## CERTIFICATE OF DEATH

Died at *near Mt Pleasant Frederick*

MARYLAND

Date

of death

19*10*Month  
*Feb.*Day  
*3*

Age

Years  
*48*

Months

Days

Sex

*Male*Color or  
Race*Black*Birth-  
place*Frederick Co. Md.*

Occupation

*Labarer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Sarah Jones Timpson*Father's  
Name*Richard Timpson*Father's  
Birthplace*Maryland*Mother's  
Maiden Name*Rebecca Cookley*Mother's  
Birthplace*Maryland*Name of person giving  
Information*Mrs Timpson*How related  
to deceased*Wife*

## CAUSES OF DEATH

79

Primary

*Mitral Insufficiency*

How long

*About 8 yrs*

Immediate

*Edema of lungs*

How long

*3 hrs*Are the name, age, sex, color, date  
and place correctly given above?*Yes.*Signature of  
Physician*E. H. Willard M.D.*

Address

*Mt Pleasant  
Frederick Co. Md.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Feb 5-1910

" at Silver Hill Cemetery  
Fosellk. Co.

Thomas R. Pike F.D.

Dr Willard

Dr Goodell

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Joseph Tydings*  
Died at *Mount Vernon Hospital* *Fredrick* *County* **MARYLAND**

Date of death *1960* Month *2* Day *27* Age *25* Years Months *X* Days *X*

Sex *Male* Color or Race *Colored* Birth-place *md.*

Occupation *None* Where Residing if not at place of death *Same*

~~Married, Single~~ *or Widowed* Name of Wife or Husband *X*

Father's Name *Benjamin Tydings* Father's Birthplace *md.*

Mother's Maiden Name *Rosalia* Mother's Birthplace *md.*

Name of person giving Information *Jas. H. Dennis* How related to deceased *No relation*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis Subsequent to Chronic Exanthema* How long *Several months*

Immediate *Exhaustion* How long *" weeks*

Are the name, age, sex, color, date and place correctly given above? *As near as could be ascertained*

Signature of Physician *W. G. Osburne M.D.* Address *Fredrick, md.*

Accident or Suicide *\_\_\_\_\_*

Interment Mar 2 - 10  
" at Annapolis Md  
Thomas P. Rice F. 10



Name  
in  
Full

## CERTIFICATE OF DEATH

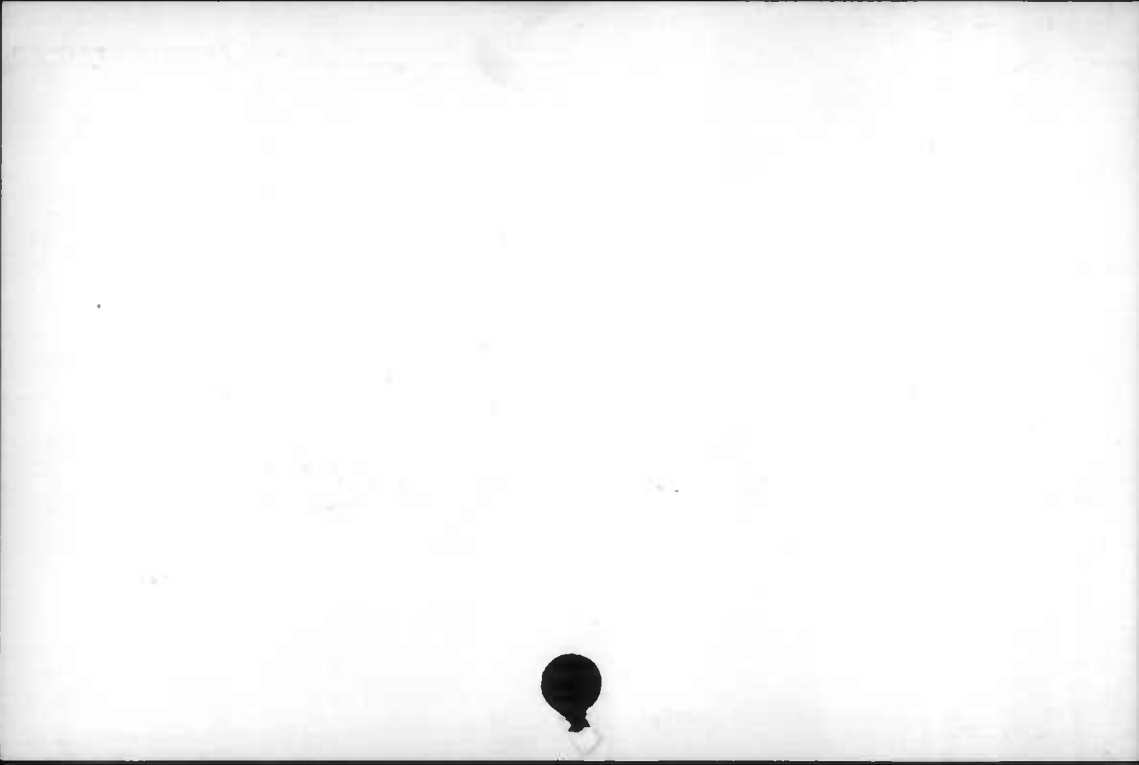
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                       |                                               |                                    |                                                      |                  |                |
|-------------------------------------------------------|-----------------------------------------------|------------------------------------|------------------------------------------------------|------------------|----------------|
| Died at <i>Libertytown</i> <sup>Town</sup>            |                                               | <i>Frederick</i> <sup>County</sup> |                                                      | MARYLAND         |                |
| Date of death <i>1960</i>                             | Month <i>Feb</i>                              | Day <i>20</i>                      | Age <i>59</i>                                        | Months <i>11</i> | Days <i>18</i> |
| Sex <i>Male</i>                                       | Color or Race <i>White</i>                    |                                    | Birth-place <i>Frederick Co</i>                      |                  |                |
| Occupation <i>Trimmer</i>                             |                                               |                                    | Where Residing if not at place of death <i>_____</i> |                  |                |
| Married, Single or Widowed <i>Married</i>             | Name of Wife or Husband <i>Sarah A Wagner</i> |                                    |                                                      |                  |                |
| Father's Name <i>William H. Wagner</i>                | Father's Birthplace <i>Frederick Co</i>       |                                    |                                                      |                  |                |
| Mother's Maiden Name <i>Catherine Echter</i>          | Mother's Birthplace <i>Frederick Co</i>       |                                    |                                                      |                  |                |
| Name of person giving Information <i>Mollie Smith</i> | How related to deceased <i>Sister</i>         |                                    |                                                      |                  |                |

## CAUSES OF DEATH

|                                                                                 |                                              |
|---------------------------------------------------------------------------------|----------------------------------------------|
| Primary <i>Cerebral softening</i>                                               | How long <i>12 days</i>                      |
| Immediate <i>Exhaustion</i>                                                     | How long <i>2 days</i>                       |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Otis B. Storer</i> |
|                                                                                 | Address <i>Libertytown<br/>Frederick Co.</i> |
| Accident or Suicide                                                             |                                              |

PHYSICIAN  
OR CORONER



Name  
in  
Full

William Wallace

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

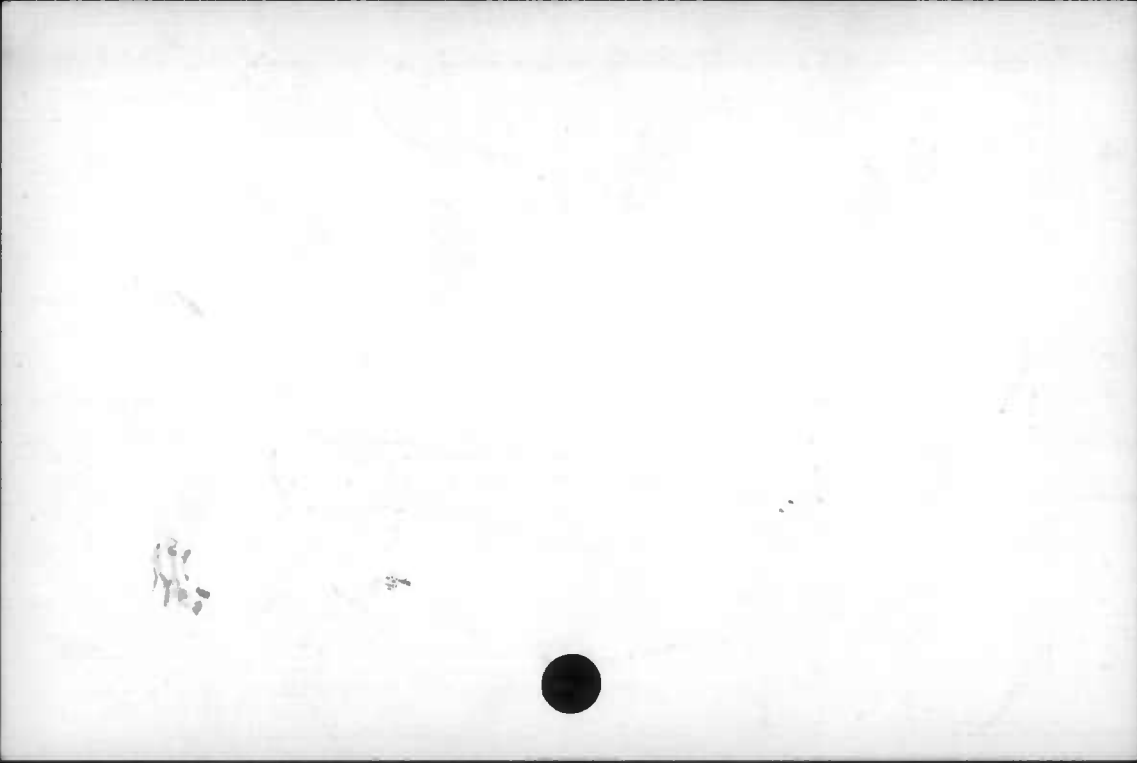
|                                   |                    |                       |                                         |              |                         |                |           |
|-----------------------------------|--------------------|-----------------------|-----------------------------------------|--------------|-------------------------|----------------|-----------|
| Died at <i>Moravian Hospital</i>  |                    | Town <i>Frederick</i> |                                         | County       |                         | MARYLAND       |           |
| Date of death                     | 19 <i>10</i>       | Month                 | <i>Feb.</i>                             | Day          | <i>9</i>                | Age            | <i>62</i> |
| Sex                               | <i>Male</i>        |                       | Color or Race                           | <i>Black</i> |                         | Birthplace     | <i>md</i> |
| Occupation                        | <i>None</i>        |                       | Where Residing if not at place of death |              | <i>same</i>             |                |           |
| Married, Single or Widowed        | <i>Widowed</i>     |                       | Name of Wife or Husband                 |              | <i>Unknown</i>          |                |           |
| Father's Name                     | <i>Unknown</i>     |                       |                                         |              | Father's Birthplace     | <i>Unknown</i> |           |
| Mother's Maiden Name              | <i>"</i>           |                       |                                         |              | Mother's Birthplace     | <i>"</i>       |           |
| Name of person giving Information | <i>Albee Davis</i> |                       |                                         |              | How related to deceased | <i>None</i>    |           |

## CAUSES OF DEATH

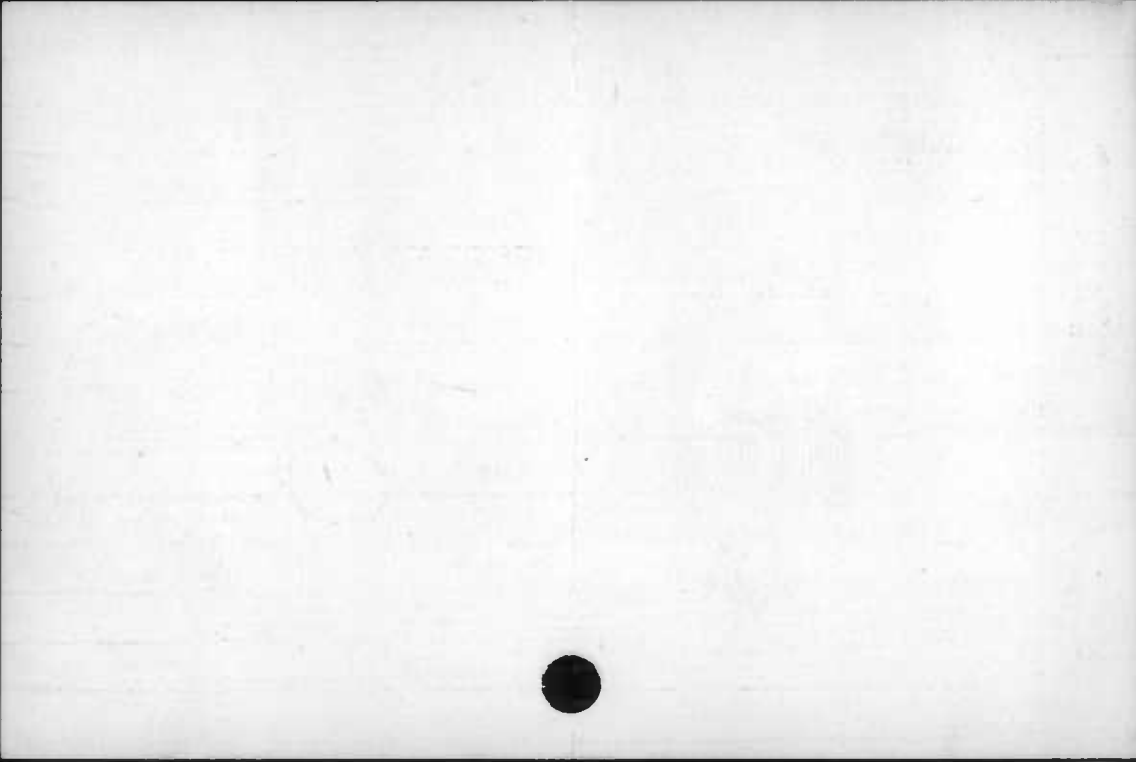
154

PHYSICIAN  
OR CORONER

|                                                                      |                   |                        |                        |
|----------------------------------------------------------------------|-------------------|------------------------|------------------------|
| Primary                                                              | <i>Senility</i>   | How long               | <i>Several yrs</i>     |
| Immediate                                                            | <i>Exhaustion</i> | How long               | <i>" weeks</i>         |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i>        | Signature of Physician | <i>W. G. Dourne MD</i> |
|                                                                      |                   | Address                | <i>Frederick md</i>    |
| Accident or Suicide                                                  | <i>—</i>          |                        |                        |



|                                                                                 |  |                                                    |  |
|---------------------------------------------------------------------------------|--|----------------------------------------------------|--|
| Name in Full<br><b>Allen W Willhite</b>                                         |  | CERTIFICATE OF DEATH                               |  |
| Died at <b>near Lantz</b> Town                                                  |  | <b>Frederick</b> County                            |  |
| Date of death <b>1900</b> Month <b>2</b> Day <b>1</b>                           |  | Age <b>23</b> Years Months <b>4</b> Days <b>11</b> |  |
| Sex <b>male</b>                                                                 |  | Color or Race <b>white</b>                         |  |
| Occupation <b>Laborer</b>                                                       |  | Birth-place <b>Ind</b>                             |  |
| Where Residing if not at place of death                                         |  |                                                    |  |
| Married Single or Widowed                                                       |  | Name of Wife or Husband                            |  |
| Father's Name <b>Josiah Willhite</b>                                            |  | Father's Birthplace <b>Ind</b>                     |  |
| Mother's Maiden Name <b>Julia Freeze</b>                                        |  | Mother's Birthplace <b>"</b>                       |  |
| Name of person giving information <b>Josiah Willhite</b>                        |  | How related to deceased <b>Father</b>              |  |
| CAUSES OF DEATH                                                                 |  |                                                    |  |
| Primary <b>Typhoid Fever</b>                                                    |  | How long <b>3 weeks</b>                            |  |
| Immediate <b>Putrid Gangrene</b>                                                |  | How long <b>1 week</b>                             |  |
| Are the name, age, sex, color, date and place correctly given above? <b>Yes</b> |  | Signature of Physician <b>E. C. Kefauver</b>       |  |
|                                                                                 |  | Address <b>Thurmont Ind.</b>                       |  |
| Accident or Suicide? <b>No</b>                                                  |  |                                                    |  |



Name  
in  
Full

Grayson C. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Frederick Town Frederick County MARYLAND

Date of death 1970 Month 2 Day 13 Age 35 Years Months Days

Sex Male Color or Race Black Birthplace Frederick

Occupation Laborer Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name John Williams Father's Birthplace Wash Co Md

Mother's Maiden Name Caroline Dorsey Mother's Birthplace Frederick Co Md

Name of person giving Information Mrs Williams How related to deceased Mother

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Cordiac Paralysis How long Indefinite

Immediate Exhaustion How long few hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician U. E. Broune M.D. Address Frederick, Md.

Accident or Suicide no

Interment Feb 15 - 1916  
" at Greenmount Cemetery  
Thomas P. Rice F.D.

Dr Bourne  
Dr McBride



Name  
in  
Full

CERTIFICATE OF DEATH

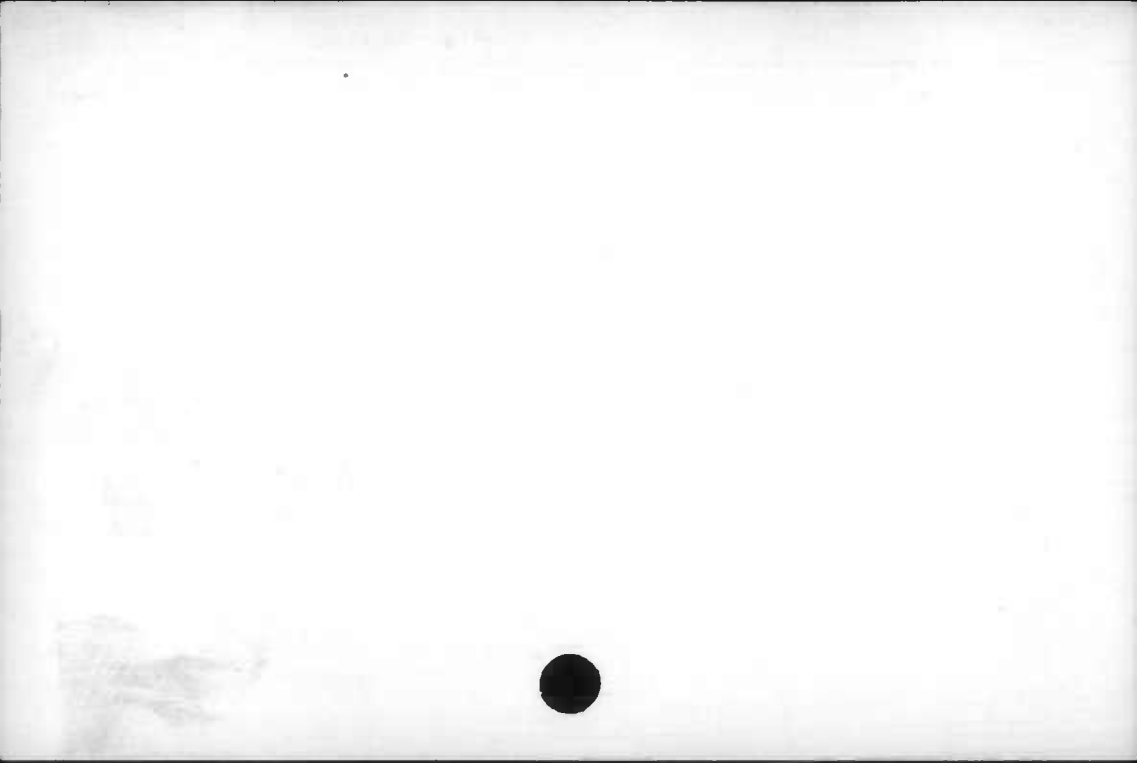
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |  |                                         |  |                         |  |           |  |
|-----------------------------------|--|-----------------------------------------|--|-------------------------|--|-----------|--|
| Henry G. Williams                 |  | Town Fred R                             |  | County Fred R           |  | MARYLAND  |  |
| Died at                           |  | Month 2                                 |  | Day 7                   |  | Year 1940 |  |
| Date of death 1940                |  | Month 2                                 |  | Day 7                   |  | Age 59    |  |
| Sex Male                          |  | Color or Race Black                     |  | Birth-place Md          |  |           |  |
| Occupation Laborer                |  | Where Residing if not at place of death |  | X                       |  |           |  |
| Married, Single or Widowed        |  | Name of Wife or Husband                 |  | Hettie Williams         |  |           |  |
| Father's Name                     |  | Henry Williams                          |  | Father's Birthplace     |  | Md        |  |
| Mother's Maiden Name              |  | Annie S. Saunders                       |  | Mother's Birthplace     |  | Md        |  |
| Name of person giving Information |  | Hettie Williams                         |  | How related to deceased |  | Wife      |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                      |                        |            |         |         |
|----------------------------------------------------------------------|------------------------|------------|---------|---------|
| Primary                                                              | Acute Bright's Disease | How long   | 119     | 26 days |
| Immediate                                                            | Toxaemia               | How long   | 9 hours |         |
| Are the name, age, sex, color, date and place correctly given above? |                        | Yes        |         |         |
| Signature of Physician                                               |                        | H. A. Long |         |         |
| Address                                                              |                        | City       |         |         |
| Accident or Suicide                                                  |                        |            |         |         |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Calvin Williams* Town *Fredk* County *Fredk* MARYLAND

Died at *Fredk* Date of death 19*07* Month *Feb* Day *25* Age *68* Years Months *—* Days *—*

Sex *Male* Color or Race *Colored* Birth-place *MD*

Occupation *Patent* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife *Caroline Dorsey* Husband

Father's Name *Henry Williams* Father's Birthplace *MD*

Mother's Maiden Name *Elizabeth Smith* Mother's Birthplace *"*

Name of person giving Information *Caroline Williams* How related to deceased *wife*

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary *Chronic Nephritis* How long *?*

Immediate *Edema of lungs* How long *two days*

Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *Wm Crawford Brown*

Address *Fredk MD*

Accident or Suicide *No*

Interment Feb 27 - 1916

" at Greenmount Cemetery

Thomas P. Rice F.D.

Dr Wm C. Johnson

as McCurdy

Name  
in  
Full

Edna Marie Zimmerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                                                                                            |                                                      |                                    |  |          |  |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------|--|----------|--|
| Died at <u>Manor</u> <sup>Town</sup>                                                                                       |                                                      | <u>Frederick</u> <sup>County</sup> |  | MARYLAND |  |
| Date of death <u>1980</u> <sup>Month</sup> <u>Feb.</u> <sup>Day</sup> <u>21<sup>st</sup></u> <sup>Years</sup> <u>Age 2</u> | <u>0</u> <sup>Months</sup> <u>23</u> <sup>Days</sup> |                                    |  |          |  |
| Sex <u>Female</u>                                                                                                          | Color or Race <u>White</u>                           | Birth-place <u>Maryland</u>        |  |          |  |
| Occupation <u></u>                                                                                                         | Where Residing if not at place of death <u></u>      |                                    |  |          |  |
| Married, Single or Widowed <u>Single</u>                                                                                   | Name of Wife or Husband <u></u>                      |                                    |  |          |  |
| Father's Name <u>Albert Zimmerman</u>                                                                                      | Father's Birthplace <u>Maryland</u>                  |                                    |  |          |  |
| Mother's Maiden Name <u>Mary Katharine Whiff</u>                                                                           | Mother's Birthplace <u>Maryland</u>                  |                                    |  |          |  |
| Name of person giving information <u>Albert Zimmerman</u>                                                                  | How related to deceased <u>Father</u>                |                                    |  |          |  |

CAUSES OF DEATH

|                           |                          |
|---------------------------|--------------------------|
| Primary <u>Scarlatina</u> | How long <u>48 hours</u> |
| Immediate                 | How long                 |

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Joseph Thomas  
Adamstown,  
MD.

Accident or Suicide

